# METHODOLOGICAL PROBLEMS IN TAPE RATING OF CLIENT PROCESS LEVELS: THE INFLUENCE OF THERAPIST STATEMENTS ON RATER JUDGMENTS OF CLIENT SELF-EXPLORATION

By

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To the late Dr Charles B Truax

Seek the truth, come whence it
may, cost what it will.

William Sparrow

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PROCESS LEVELS THE INFLUENCE OF THERAPIST STATEMENTS
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By

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The purpose of this study was to investigate the effects of therapist statements on rater judgments of client levels of self-exploration and, more specifically, to investigate the effects of therapist empathy levels on such judgments. Research has indicated that high levels of therapist accurate empathy are positively associated with client levels of self-exploration and that both are positively associated with favorable client outcomes.

Two process rating scales were used: the Truax Tentative Scale for the Measurement of Accurate Empathy and the Truax Tentative Scale for the Measurement of Depth of Self-Exploration.

Ten segments of counseling or psychotherapy were used in the study. Five of the segments represented high levels of therapist accurate empathy and five represented low levels of therapist accurate empathy. Two sets of the segments were rated. One set contained both therapist and client verbalizations (unedited segments). The other set contained only the clients' verbalizations (edited segments).

Five groups of five raters each were the subjects for the study. Three of the five groups were trained first in rating therapist accurate empathy and then in rating clients' levels of self-exploration. One of these groups rated, sequentially, therapist accurate empathy and client level of self-exploration on the unedited segments. The second of the three groups rated only self-

exploration on the same ten unedited segments [illegible] self-exploration on the edited segments

The remaining two groups of raters were trained solely in rating self-exploration. One of these two groups rated self-exploration on the unedited segments. The other group rated self-exploration on the edited segments.

The analysis was carried out in two parts. The first analysis compared the self-exploration ratings of (1) the judges trained to rate both accurate empathy and self exploration who sequentially rated the two variables on the unedited segments, (2) the judges trained to rate both accurate empathy and self-exploration who rated only self-exploration on the unedited segments, and (3) the judges trained to rate only self-exploration who rated only self-exploration on the unedited segments.

Using a one-way analysis of variance and the .05 level of significance, the experimenter found no significant differences between the ratings of the three groups on either the high or the low empathy segments, and the null hypotheses were accepted.

The second analysis compared the ratings of the two groups who rated client levels of self-exploration on the unedited segments with the comparably trained two groups of raters who rated client levels of self-exploration on the edited segments. Using a two-way analysis of variance and the .05 level of significance, the experimenter found no significant differences between the ratings of the groups on either the high or the low empathy segments, and the null hypotheses were accepted.

The raters who judged accurate empathy as well as self-exploration on the unedited segments significantly agreed in their empathy judgments with the empathy judgments of professional raters. This agreement indicated that the raters had heard differences in therapist empathic responses akin to differences

heard by the professional judge but were nevertheless not subsequently influenced in their judgments of client self-exploration by hearing these differences.

The implications of these findings were discussed with respect to rating procedures and the validity of the Truax Depth of Self-Exploration Scale. Limitations of the study were noted and directions for further research were indicated.

CHAPTER 1

INTRODUCTION

Introduction

Many approaches to psychotherapy are based on the conviction that healing is most effectively achieved through a client's exploring of himself, his values, attitudes, feelings, and behavior, especially as exploring takes place in the context of the psychotherapeutic relationship itself. Such approaches have been described by Frank (1971) as "the evocative methods."

> The essence of evocative methods lies in the fostering of a particular type of relationship between patient and therapist that promotes enlargement of the former's self-knowledge, thereby enabling him to discover and achieve the type of change that is best suited to his particular personality and circumstances. (Frank, 1971, p. 153)

What an evocative method offers the client is an opportunity to express himself with complete freedom in a relationship of acceptance and understanding. It is believed that in so expressing himself the client comes to experience and know himself and to initiate changes in himself.

> Feeling himself accepted by someone he admires, and to whom he feels increasingly close by virtue of the intimacy of his revelations, the patient, it is claimed, dares to reveal more and more of the shameful or frightening aspects of himself that he has pushed out of awareness. These include the feelings that cause his distress. As, through this process, his self-understanding increases and his self-esteem becomes stronger, he is able to become more spontaneous and his interactions with persons important to him become successful and satisfying. This further enhances his self-confidence, and so he continues to progress. (Frank, 1971, p. 153)

A large number of studies have indicated that high levels of client involvement in the process emphasized by the evocative methods do in fact lead to constructive change and favorable outcomes in therapy. (These studies are summarized by Truax

and Carkhuff, 1967, Carkhuff and Berenson, 1967, Carkhuff, 1969a, b.) Moreover, this emphasis upon client experiencing and self-exploration has recently received renewed attention in the therapeutic community. Summarizing their findings regarding new directions in psychotherapeutic research, Bergin and Strupp (1972) note

> There is renewed appreciation that internal, intrapsychic, or experiential processes, whether they be of a feeling or of a cognitive nature, have considerable power to influence bodily processes, behavior, and the general state of the organism (Bergin and Strupp, 1972, p. 441)

Thus, the level of client experiencing or self exploration in therapy can be viewed as a measure of probable outcome and, to a marked degree, as a measure of the effectiveness of treatment.

Statement of the Problem

Many studies of psychotherapy have sought to obtain measures of client experiencing or self exploration by applying process scales to tape recorded segments of therapy interviews (Walker, Rablen and Rogers, 1960, Tamilinsou and Hart, 1962, Rogers, Gendlin, Kiesler, and Truax, 1967; Truax and Carkhuff, 1967; Carkhuff and Berenson, 1967, Carkhuff, 1969a, b). Application of these scales involves the use of trained raters or judges who listen to the tape recorded segments and, using the scale as a referent, make judgments regarding the level of the client's experiencing or self-exploration.

A major question which arises in connection with this procedure is what are raters in fact rating when they make judgments regarding client self-exploration while listening to what is, actually, a dyadic interchange between a therapist and client? Might such raters, in other words, be rating the relationship or some underlying quality of the interaction and not solely the client's level of involvement in his own experiencing and self-exploration?

A related question is whether there are methodological procedures which would make a difference in the judgments of raters of self-exploration such that researchers could be reasonably certain that "pure" ratings were in fact being obtained.

Both questions are especially important in light of the relationship which has been found between therapist level of functioning, particularly in terms of accurate empathy, and client process levels. Rogers, Gendlin, Kiesler, and Truax (1967) note of their findings:

> The accurate empathy-experiencing relationship may have been determined by the common roots of both factors in a more general interactional variable, by the more specific dependence of therapist empathy on the experiential quality of the patients' verbalizations, or by the relation of both factors to the complex of initial patient characteristics that differentiated high and low accurate empathy groups. (pp. 303-304)

Purpose

This study had three related purposes: (1) to ascertain whether or not similar judgments of client self-exploration are obtained from raters who form their judgments while listening to both sides of a dyadic interview and by raters who hear only the client; (2) to determine whether or not raters who have previously judged a therapist's level of functioning on a given segment may be influenced by that previous judgment when making another judgment regarding the client's level of functioning from the same segment, and (3) to determine the effect of training in judging therapist level of functioning upon judgments of client level of functioning.

The self-exploration ratings of five groups of raters judging the same segments were compared. The ratings included those of: (1) a group of raters who had been trained in rating both accurate empathy and self-exploration and who rated both of these variables on segments containing both sides of the

dyadic interviews, (2) a group of raters who had been trained in rating both accurate empathy and self-exploration but who rated only self-exploration on segments containing both sides of the dyadic interviews, (3) a group of raters who had been trained only in rating self-exploration and who rated only self-exploration on segments containing both sides of the dyadic interactions, (4) a group of raters who had been trained in rating both accurate empathy and self-exploration but who rated only self-exploration on segments containing only the clients' sides of the dyadic interviews, and (5) a group of raters who had been trained only in rating self-exploration and who rated only self-exploration on segments containing only the clients' sides of the dyadic interactions.

Significance of the Problem

The basic issue involved in this study was essentially similar to one which was noted by the Wisconsin Project researchers in connection with rater judgments of therapists' levels of functioning:

> Although the therapist's verbal behavior is obviously a component of the interaction, the constructs tapped by the rating scales are intended to represent the therapist's attitudes and responses as a party to the interaction rather than to describe the patient-therapist interaction itself. Ideally, these attitudes and responses can best be judged from recordings containing only the verbalizations of the therapist. This editing out of patient speech would have been prohibitively expensive for our project. Instead, the judges were generally instructed to draw the cue for their inferences from the therapist's behavior, and to ignore the patient's responses as much as possible. It should be made clear, however, that this technique does not permit rigorous control over the confounding effect of the patient's verbalizations or the general interaction tone but represents, in effect, our attempt to explore complex theoretical variables in what was essentially a naturalistic setting. (Rogers, Gendlin, Kiesler and Truax, 1967, p 138)

Clearly, the converse is also true, i.e., that the ratings of client process levels might be affected by rater knowledge of the therapist's statements.

Truax and Carkhuff (1965) noted that:

> A methodological difficulty concerns the rating of patient statements with full knowledge of the therapist statements and vice versa. In attempting to measure the levels of therapist conditions and the levels of patient self-exploration there is, of course, the possibility of contaminating the measurement of one with the measurement of the other. The raters who judged levels of patient depth of self-exploration also heard the responses of the therapist. Might they have been substantially influenced in their rating of level of patient activity by knowledge of what the therapist was doing? (Truax and Carkhuff, 1965, p. 123)

The problem has been noted in several other articles and studies as well Kiesler, Klein, and Mathieu (1965) observed that a limitation of their study, which involved rating client process levels, was that "possible sources of rating contamination were not completely controlled (i.e., the therapist's verbalizations were not deleted from the tapes)' (p. 344).

Kagan (1972) indirectly raises the issue of contamination in noting that raters of therapist level of functioning may be inclined to rate on the basis of what they have heard as opposed to what the counselors have heard:

> As I listened to the discussions and the ratings, it seemed to me that often-times the retarded counselors were being judged not on the extent to which they were responding at levels less than, more than or interchangeable with the client's expression, but rather on whether they indicated they had heard some of the subtle messages the raters had heard. More important, it seemed to me that the counselors in the recorded sessions often were responding at or above the level at which the client would be willing to acknowledge his message. If so, would not the counselor have been rated 3 or above? The rater did not seem to ask himself, "Is the counselor 'with' or a bit ahead of what the client himself hears in his own message?" Rather, he seemed to ask, "Did the counselor appear to hear in the client's message the things which I, the rater, heard?" (p. 43)

Again the converse could also be a problem, i e , raters could be inclined to rate client self-exploration on the basis of whether the client responded as they, the raters, would have to the therapist's statements, rather than on the basis of the client's responses per se.

The problem of contamination is especially pertinent in studies which investigate relationships between therapeutic conditions and client level of self-exploration. Kiesler (1968) observed:

> The (second) issue arises when one is measuring, by rating scales, both therapist and patient dimensions from the same recorded segments. The basic problem is that of confounding. Since the judges are listening to both the therapist and patient verbalizations in the same segment, what assurance do we have that judges rating the therapist's behavior are not, in effect, making their judgments from the patient's behavior instead?
>
> This is a major problem we experienced with our study. Separate sets of judges rated independently the Empathic Understanding of the therapist and the Experiencing behavior of the patient. We found a significantly high correlation between therapist empathy and patient experiencing. But the methodological question is: Were both sets of judges in effect rating the same thing? For example, is it possible to rate the therapist's empathic understanding from his statements alone? Or can the rating of empathy only be made in terms of the patient response to what the therapist says? (p. 147)

In a later article, Kiesler (1971) noted that the researcher

> must be concerned about the potential and likely confounding arising when therapist and patient behavior are rated from segments where both their verbalizations are present. Take the case where separate sets of judges rate independently the "empathic understanding" of the therapist and the "experiencing" behavior of the patient. Assume one finds a high positive correlation between therapist empathy and patient experiencing. Since both participants are present on the identical tape samples for both sets of judges, the methodological question is: were both sets of judges in effect rating the same thing -- that is, only the patient's behavior? Is it possible to rate the therapist's empathic understanding from his statements alone? Or can the rating only be made in terms of the patient's response to what the therapist says (which is at some level of experiencing)? This basic problem must be dealt with empirically before findings can be interpreted unequivocally. (p. 54)

All of the studies which have included tape related measurements of client process levels have involved the use of measurements from recordings containing verbalizations by both therapist and client. Should judgments of client process levels made on the basis of segments containing both therapist and client

statements differ significantly from judgments made from segments from which the therapist's statements have been eliminated, the large amount of evidence relating client process levels to levels of therapeutic conditions and/or to favorable therapy outcomes would require a major reinterpretation. Indeed, the reality of the relationship between client process levels and therapeutic conditions and/or favorable outcomes is questionable so long as it can be argued that the relationship may be an artifact of rater response, to qualities they hear in therapists' verbalizations while making client process level ratings and/or vice versa. In addition, studies relating client process levels to other specific therapeutic variables, such as concreteness or confrontation, would have to be re-examined and reinterpreted. Obviously, too, rating scales used in rating client process levels and rating procedures would also have to be revised. On the other hand, should no significant differences be found between ratings made from segments containing therapist statements and segments from which the therapist's statements have been eliminated, the validity of the various studies and of the rating procedures currently in use would be given additional support.

Inherent in the question of the influence of therapist statements on rater judgments of client process levels is the question of whether the use of identical raters of both therapist level of functioning and client level of functioning from the same segments yields 'pure' ratings of either. In both of Kiesler's statements quoted above, it is assumed that separate sets of judges rate each variable. This was, in fact, the procedure followed in the Wisconsin Project, where separate groups of three raters each were used for each of the therapeutic conditions scales and still another group of four raters was used for the patient process measure (Rogers, Gendlin, Kiesler, and Truax, 1967). The judges for a given scale worked independently, and no discussion

of their ratings or of the scales was permitted after the training period. Segments were presented in a standard random order and the judges had no information regarding the nature of any of the segments, i.e., the type of interview involved, the location of the segments in an interview or in the course of the therapy case, or the outcome of the case.

The use of separate groups of raters for each variable was regarded as methodologically important by Truax and Carkhuff (1965) as well:

> It is important to stress the independent training and rating of the raters. It should be emphasized that each rater was not measuring therapist empathy and then patient self-exploration. (p. 120)

While separate groups of raters have been used in several studies (e.g., Truax, 1963, 1966c, 1968; Truax and Carkhuff, 1965), the use of separate groups has not become a normative practice. Cannon and Pierce (1968), for example, used two raters to rate the same segments on each of four variables including variables related to both therapist and patient levels of functioning. Friel, Kratochwil, and Carkhuff (1968) used the same three raters to rate each of five therapeutic conditions as well as patient process levels from the same segments. This study has special significance since, as noted by Hefele and Hurst (1972), subsequent studies by Carkhuff and others appear to use it as the source for rater reliability data. These include the studies by Cannon and Carkhuff (1968), Carkhuff (1969, 1969a), and Carkhuff, Collingwood and Kanz (1969).

The most obvious danger in using identical raters to rate both client and therapist level of functioning from the same segments is that the raters may confound one measure with the other to the point of inflating the degree of association between the two. Should evidence indicate that this occurs, or that the measures of client process levels obtained in this way differ in some way from measures obtained by other, independent raters rating patient process only, then findings from those studies which have used identical raters for

client and therapist variables would be called into question and the practice would have to be regarded as methodologically unsound

Definition of Terms

In this study, the following definitions apply

Self-Exploration refers to the client's searching out, experiencing, and investigating the meaning of his own feelings, values, perceptions, and behaviors in the course of psychotherapy, specifically as the process is manifested verbally and is measured by the Truax Scale for the Measurement of Depth of Self-Exploration

Experiencing refers to a client's feelings of having experience It involves a continuous stream of feelings with some measure of explicit context and is implicitly, if not explicitly, meaningful to the client (Gendlin, 1962)

Process Level refers to a client's involvement in the phenomena of self-exploration and/or experiencing. The term is thus used in a generic sense in the study

Accurate Empathy refers to a therapist's ability to rightly sense and appreciate the feelings and experiences of a client and to successfully communicate that understanding to the client

Level of Functioning refers to the degree to which a therapist and/or a client manifests his involvement in the psychotherapeutic process For the client it thus refers to the degree to which he manifests experiencing and/or self-exploration, and for the therapist the degree to which he manifests accurate empathy or other therapeutic behaviors.

Rater refers to any person trained to formulate judgments regarding the level of functioning of a client and/or a therapist with respect to one or

more of the variables of experiencing, self-exploration, accurate empathy,

or some other therapeutic behavior

CHAPTER II

REVIEW OF THE LITERATURE

Theoretical Formulations

The emphasis of the evocative methods upon the client's involvement in a self-experiencing, self-exploring process is grounded in the theories of several of the major schools of psychotherapy

Psychoanalysis

While in traditional psychoanalysis the therapist's "ultimate and decisive instrument" is his use of interpretation, the process of "working through" by the patient is also regarded as essential since it is the work which makes it possible for insight to lead to change 'Working through" is "the repetitive, progressive and elaborate exploration of the resistances which prevent an insight from leading to change" (Greenson, 1967, p 42) It is, moreover, the most time consuming aspect of psychoanalytic therapy While it is aided and facilitated by the analyst it is a process which goes on to some degree outside the analytic hour and which requires that the patient experience "emotional impact"

> It is important not to make interpretations of resistance prematurely since that only leads the patient to rationalize or intellectualize, or it makes an intellectual context of the interpretation of resistance- In either case it deprives the experience of emotional impact Thus it adds to the resistances instead of diminishing them- The patient must be given the opportunity to feel his resistances, to become aware of their strength and tenacity (Greenson, 1967, pp 122-123)

Gestalt Therapy

A dramatic example of a theory of psychotherapy which emphasizes the

patient's involvement in [illegible]

of this approach to psychotherapeutic treatment, Fredrick Perls writes:

> And I believe that this is the great thing to understand that awareness per se -- by and of itself -- can be curative. Because with full awareness you become aware of this organismic self-regulation, you can let the organism take over without interfering, without interrupting, we can rely on the wisdom of the organism (Perls, 1969a, pp 16-17)

As opposed to the reliance upon interpretation in psychoanalysis, Gestalt therapy emphasizes the use of techniques designed to draw the patient's awareness to the immediacy of his experience, to what is going on for him in the "here and now" moment, especially when there is evidence that splits in attention and awareness are arising and that focused organismic attention is developing outside of awareness. At such times the therapist may call the patient's attention to the behavior indicating such splits, but instead of interpreting, will allow him to make of it what he will

Thus, in Gestalt therapy the central task of the therapist is to help the patient reintegrate attention and awareness, or more specifically, "to help the patient overcome the barriers [that block awareness, and to let nature take its course (that is, awareness develop) so he can function with all his abilities" (Enright, 1970, p 108)

In Gestalt therapy, as in the other evocative methods, then, the therapist facilitates but it is the patient's involvement in his own experience which is central

> ...the therapist in this view does not help directly with the transaction -- he does not help solve their problem -- but helps reestablish the conditions under which the patient can best use his own problem-solving abilities. (Enright, 1970, p 108)

Existential Therapies

Gestalt therapy is the best known and most influential version of a

variety of approaches to psychotherapy which are based on an existential view of man and the world. Emphasizing man's unique capacity for self-consciousness, for knowing himself as one who feels joy or fear, and for experiencing himself as a subject who has a world, these approaches view the purpose of therapy as "to help the counselee recognize and experience his own experience" (Kemp, 1971). This is not an end in itself, but a means to the end that the counselee come to understand his "being-in-the-world" and the meaning of personal events for him in relation to that. The existential approaches finally value most the client's making of decisions and commitments, and thus, his learning to "remake" his own world. The self-experiencing of the client plays a critical, essential part in the realization of that goal.

Directive Techniques

In contrast to the evocative methods stand the "directive methods" (Frank, 1971) which work at bringing about changes in the patient's behavior in the belief that behavioral changes will themselves overcome his symptoms or resolve his problem.

While the primacy given the client's experiencing and exploring of himself is essentially what distinguishes the evocative approaches from the directive ones, client experiencing is not necessarily ignored or neglected in the latter. Thus, Bergin and Strupp (1972) describe Weitzman's approach to the directive techniques of desensitization in terms suggesting that the client's experiencing and exploring of himself can be crucial:

> He (Weitzman) attempts to heighten a person's ability to discern organic experiences as a way of accelerating and deepening the effect of the desensitization process. In addition he feels that this procedure produces symbolic consequences that give a sense of meaning to the therapeutic process which is absent in routine desensitization. The importance of this meaning

> cannot be underestimated, according to Waitzman, because the sense of purpose and self-identity which emerge is the most critical element in his therapy. (Bergin and Strupp, 1972, p. 254)

As Bergin and Strupp describe it, Waitzman's approach involves the use of sensory awareness techniques intended to increase the person's awareness of what he is currently experiencing, both somatically and affectively. In the course of a client's simultaneously attending to felt somatic events and his feeling, images and ideas arise from the felt state

> ...an associative network unfolds and a reorganization occurs. This process puts the person in touch with himself; it is an organismic experience and akin to the 'aha' phenomenon of Gestalt psychology. This is important because it is the key to a kind of experiencing and symbolizing which forms the basis for therapeutic change. (Bergin and Strupp, 1972, p. 254)

Client-Centered Therapy

It is finally in the client centered approach of Carl Rogers and his followers that the significance of the client's experiencing and exploring of himself has been emphasized and investigated most thoroughly. For Rogers "optimal therapy" for a client means

> ...an exploration of increasingly strange and unknown and dangerous feelings in himself. ... Thus he becomes acquainted with elements of his experience which have in the past been denied to awareness as too threatening, too damaging to the structure of the self. He finds himself experiencing these feelings fully, completely, in the relationship, so that for the moment he is his fear, or his anger, or his tenderness, or his strength. And as he lives these widely varied feelings, in all their degrees of intensity, he discovers that he has experienced himself, that he is all these feelings. He finds his behavior changing in constructive fashion in accordance with his newly experienced self. He approaches the realization that he no longer needs to fear what experience may hold, but can welcome it freely as a part of his changing and developing self. (Rogers, 1970, p. 185)

Thus, Rogers' theory of counseling or psychotherapy stresses the client's use of his own experience of himself as the basis for establishing his way of being in the world, for organizing his personality, his values, and his

perceptions and responses. For [illegible] use of his own, direct, immediate ongoing experience of himself and his feelings as the referent for the reorganizing of personal concepts and values.

Early Studies of Client-Centered Therapy

Stimulated primarily by the work of Rogers, several early studies found relationships between various aspects of client behavior in therapy and outcomes. Peres (1947) found that during the last half of group counseling "benefitted" clients made significantly more references to personal problems than did "unbenefitted" clients. Seeman (1949) found that clients expressed significantly more positive, present tense attitudes as therapy progressed and that the change in the expressions of positive as opposed to negative attitudes correlated significantly with counselor ratings of outcome.

Other early but unpublished studies which tend to verify the significance for outcomes of the client's level of self-exploration are cited by Truax and Carkhuff (1967, pp 190-191).

The Therapeutic Conditions

In 1957, Rogers delineated three therapeutic attitudes which he felt a therapist must possess and communicate to his client before constructive personality change could or would occur for the client. These are the attitudes of empathic understanding, congruence or genuineness, and unconditional positive regard (Rogers, 1957).

A primary hypothesis of Rogers' theory is that a high relationship exists among the three therapeutic conditions, client process in the course of therapy, and favorable client outcomes. This was the major hypothesis tested in a five-year study of hospitalized schizophrenic patients (Rogers, Gendlin, Kiesler, and Truax, 1967). The carrying out of this study required (1) the

development of rating scales to measure both the therapeutic conditions and patient process variables, and (2) the application of these scales to tape recordings of individual therapy interviews.

Process Measures and Research Findings

The conceptualizing of a process measure was begun by Rogers (1958) and led to the development of "Process Scale" consisting of seven parallel variables of "strands" (Rogers, 1959). Support for the validity of this scale was obtained through studies by Walker, Rablen and Rogers (1960), and Tomlinson and Hart (1962).

For the Wisconsin Schizophrenic Project evaluation of patient process movement was approached in terms of the Experiencing dimension suggested by Gendlin (1961, 1962, 1964). This dimension was first operationalized in a seven-point rating scale by Gendlin and Tomlinson and revised by Mathieu and Klein (Rogers, Gendlin, Kiesler, and Truax, 1967). The Experiencing Scale was applied by a group of four judges who rated separately and independently on it alone. In addition, three therapeutic conditions scales were employed: Accurate Empathy, Congruence, and Unconditional Positive Regard. The conditions ratings were made separately and independently for each condition by separate groups of raters with three raters in each group.

Findings from the Wisconsin Project indicated a consistent, positive relationship between ratings of therapists' levels of accurate empathy and the level of rated patient experiencing, whether based on single interviews, blocks of interviews, or averaged over the entire course of therapy. Moreover, a positive relationship was found between high levels of experiencing and various outcome measures (Rogers, Gendlin, Kiesler, and Truax, 1967).

The [illegible] Rogers with the Wisconsin Project was elaborated upon and carried further by various of his associates, notably Truax, whose ten stage "Tentative Scale for the Measurement of Depth of Self-Exploration" was derived in part from the process scale developed by Rogers, Walker, and Rabien (1960) and from the work of Gendlin, Tomlinson, and van der Veen. When this scale was applied to tape recordings of individual psychotherapy with schizophrenics it was found that patients rated high in self-exploration showed significantly greater personality change than patients rated relatively low (Truax and Carkhuff, 1964). A number of other studies using the Truax scale yielded similar findings. These studies included research with 60 outpatients receiving time limited group therapy, 16 hospitalized patients in group therapy, and 30 hospitalized patients in group therapy (unpublished studies summarized by Truax and Carkhuff, 1967, pp. 159-161 and pp. 192-193)

A revision of the Truax scale was made by Carkhuff (Carkhuff and Berenson, 1967, Carkhuff, 1969a, b) entitled "Helpee Self-Exploration in Interpersonal Processes: A Scale for Measurement." This scale consists of five levels as opposed to the ten levels of the Truax scale. Therapeutic conditions scales were similarly rewritten and modified by Carkhuff so as to set standard, numerically equivalent scores for all the scales and thus for the interpersonal processes they represent. Much of the more recent research dealing with self-exploration and therapeutic conditions has used the Carkhuff scales.

The Carkhuff scales, however, have yet to be confirmed as predictive of patient outcomes (Truax and Mitchell, 1971). Moreover, in many of the studies employing the Carkhuff scales the raters and their training have been unidentified and in some the raters have rated both the patient process levels and the therapeutic conditions leaving open to question the associations found between the two.

Factors Influencing Patient Process Levels

In addition to the Wisconsin Project, a number of studies have tended to confirm the Rogerian hypothesis that client self-exploration is facilitated by the therapeutic conditions.

In one study dealing with this relationship, the level of therapeutic conditions offered three female psychotic patients were manipulated so that high levels of Accurate Empathic Understanding and Unconditional Positive Regard were offered during the first and final periods of interviews and low levels during the middle, experimental period. The patients' level of self-exploration, as rated on the Truax scale, were found to be a function of the level of therapeutic conditions with a significant drop occurring during the middle or experimental period in all three cases. As in the Wisconsin Project this study used separate raters for each of the conditions and for the self-exploration ratings (Truax and Carkhuff, 1965).

A study by Cannon and Pierce (1968) supported the Truax and Carkhuff study and also indicated that patients explored themselves significantly more under high level conditions than under low level conditions regardless of the order or time period in which the high or low levels of conditions were provided.

It was suggested by Truax (1966d) that the therapeutic quality of the therapeutic conditions could be understood in terms of their being reinforcing, rewarding, or encouraging for the patient. Analysis of a single, long-term case indicated that the therapist did, in fact, respond in a significantly differential way to five of nine types of patient behavior with significant increases occurring in the emission rates of four of the five (Truax, 1966d). With specific reference to self-exploration a later study by Truax (1968) revealed that patients in group psychotherapy receiving high levels of

therapist differential reinforcement for self-exploration (using the therapeutic conditions as reinforcers) showed greater overall self-exploration and greater improvement than patients receiving low or negative reinforcement. The manner in which self-exploration is facilitated by the therapeutic conditions thus appears to involve a process of differential reinforcement with the resulting self-exploration becoming meditative of change.

Research dealing with patient self-exploration has indicated that the extent or depth of self-exploration is a function not only of the facilitative conditions offered by the therapist but of the patient's own level of interpersonal functioning (Rogers, Gendlin, Kiesler, and Truax, 1967, Holder, Carkhuff, and Berenson, 1967, Piaget, Berenson, and Carkhuff, 1967). In addition, patient level of self-exploration has been found to affect the level of therapeutic conditions offered by low-level therapists, though not those offered by high-level therapists (Alexik and Carkhuff, 1967; Carkhuff and Alexik, 1967; Friel, Kratochvil, and Carkhuff, 1968).

Other variables which seem to influence patient level of self-exploration include therapist concreteness (Truax and Carkhuff, 1964) and the therapist's use of confrontation (Anderson, 1968, 1969, Berenson, Mitchell, and Moravec, 1968, Mitchell and Berenson, 1970). The effectiveness of both, however, seems to be directly related, in turn, to the levels of therapeutic conditions. Indeed, the findings of one study suggest that the effects of confrontation on self-exploration may be an artifact of the therapeutic conditions (Kaul, Kaul and Redmar, 1973).

Differences in race and social class between therapist and patient also appear to affect client level of self-exploration (Carkhuff and Pierce, 1967; Banks, Berenson, and Carkhuff, 1967; Carkhuff and Truax, 1965) as do the sex

of the client and the type of problem (Honnstras and Andersen, 1969). Differences in levels of self-exploration have also been found between patients of different diagnostic categories, with moderately disturbed, psychoneurotic patients manifesting deeper involvement in the process than either more disturbed schizophrenic patients or less disturbed, normal subjects (Kiesler, Mathieu and Klein, 1964, Kiesler, Klein and Mathieu, 1965)

## Methodological Problems in Rating Client Process Levels

### Overview

Research using rater judgments of tape segments has largely dealt with the therapeutic conditions. Consequently, many of the methodological problems involved in tape rating have been described in terms of the rating of the conditions. The questions which have arisen and the findings of various studies, however, have implications for tape rating of client process as well.

Methodological problems arising in tape rating can be divided into five categories: (1) problems of rater selection, (2) problems of rater training, (3) problems of segment selection or sampling, (4) procedural problems in the rating process itself, and (5) problems of contamination of rater judgments.

### Selection of Raters

The question of who makes the most effective and reliable judgments in tape rating is one which has been questioned and investigated in several studies. It is a critical question since, as Klein and Leary (1967) observe, the raters, and not the rating scales, are the actual measuring instruments. A recurring and basic question in this connection is that of whether clinically naive or clinically sophisticated persons make the best raters.

The use of clinically naive persons as tape raters has been questioned as a result of research by Cannon and Carkhuff (1968) which indicated that experience, clinical sophistication, and the ability to communicate the therapeutic conditions being rated were significantly and positively related

to rater accuracy. Communication was found to be the critical index of accuracy in the study. Similar findings are reported by Carkhuff, Kratochwil and Friel (1968). Carkhuff (1969a, b) has argued that only high-level-functioning persons can discriminate highly diverse levels of functioning. Both the research and Carkhuff's position are debatable, however, since a problem of circularity is involved. Simply put, the question is that of who is to rate the level of functioning and the accuracy of the raters. The Cannon and Carkhuff study reports only that the subjects' levels of communication were rated by:

> ...two experienced raters who had established high intra- and interrater reliabilities (ranging from .80 to .99) in previous research employing individual scales for the counselor dimensions. .. (Cannon and Carkhuff, 1968, p 190)

and that their discrimination accuracy was evaluated by comparison with:

> ...the consensus ratings of two experts (different from the raters of Ss' communication) who, in previous outcome studies, had demonstrated a high degree of predictive validity in their use of the rating scales. (Cannon and Carkhuff, 1968, pp 190-191)

The identity, training, experience, and level of functioning of these raters, in turn, is not described. Even if they had been, however, the same problem would exist which is simply the problem of who are to be the final normative raters by whom the communication and discrimination skills of others are to be assessed.

The case against employing clinically naive persons as raters, then, is not a strong one, especially given other research by Carkhuff and his associates indicating that discrimination or rating skills can be enhanced in the absence of improvement in communication skills (Carkhuff, Collingwood, and Renz, 1969).

On the other hand, the use of clinically naive persons as tape raters has widespread support both from practice and on the basis of other research. Rogers and his associates chose to use undergraduates rather than experienced

therapists as raters in the Wisconsin Project, having found that the very fact of being knowledgeable of the clinical process led therapists to rate on factors other than those described in the scales. Moreover, they felt that if the therapeutic conditions and process were truly recognizable, they ought to be recognizable to any intelligent person (Rogers, Gendlin, Kiesler and Truax, 1967)

Similarly, naive raters have been used in numerous other studies including those by Truax (1966), Truax and Carkhuff (1965), Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, and Stone (1966), Kiesler, Mathieu, and Klein (1964), and Kiesler, Klein, and Mathieu (1965).

Empirical evidence supporting the use of naive judges in psychological research is found in a study by Auhoff (1954), who found the judgments of undergraduates to be more reliable than those of either professional clinicians or trainees. With specific reference to tape rating, research support for the use of naive raters is found in a study by Shapiro (1968), who compared the ratings of untrained neophytes using undefined scales with those of professional, trained raters using the Truax therapeutic conditions scales. Shapiro found significantly positive correlations between the two sets of ratings on each of the conditions. Similarly, Fore (1970) found that the accurate empathy ratings of junior college students, undergraduate students, and graduate students were positively correlated with those of professional judges.

Rater Training

Two approaches to rater training have developed in the course of research. One approach emphasizes the developing of a mutual set and approach through informal, unstructured training. The main criterion for this approach is the establishment of a minimal interrater reliability. This was basically the method used in training the raters of Unconditional Positive Regard and Accurate Empathy in the Wisconsin Project (Rogers, Gendlin, Kiesler and Truax, 1967).

The second approach to training involves structured feedback methods and generally uses the trainers' judgments of segments as the criterion for training. This approach was used in the Wisconsin Project for training the raters of Experiencing and Congruence. It seemed to be the more effective of the two approaches since it resulted in greater long-term reliability on the part of the Experiencing and Congruence raters (Rogers, Gendlin, Kiesler, and Truax, 1967). Rater training at the Arkansas Research and Training Center, however, is done with an unstructured approach in the belief that too much structure in explaining scales can lead to contamination by over-interpretation (Lewis, 1968). Evidence does indicate, moreover, that an unstructured approach to rater training can be as effective as a structured approach, at least on a short-term basis (Schoeninger, Klein, and Mathieu, 1968).

Several studies have indicated that brief training can produce acceptable reliabilities in applying scales and ratings that correlate positively with the judgments of professional tape raters (Truax and Carkhuff, 1967; Shapiro, 1968, Carkhuff, Collingwood, and Renz, 1969; Pare, 1970). A minimal degree of training seems advisable, however, to assure that raters are differentiating the conditions they are rating from some more general, underlying quality of the therapy interaction, and to overcome interrater discrepancies.

Carkhuff (1969a) has noted that a trainee's level of discrimination moves in the direction of the trainer's level of discrimination; however, none of the published studies he cites to support his statement deal with that question per se (Carkhuff, 1969c; Carkhuff, Collingwood, and Renz, 1969, Friel, Kratochvil, and Carkhuff, 1968; Carkhuff, Kratochvil, and Friel, 1968). It is, in fact, noted in one of the studies that "...this study suffers from the lack of post-training testing to assess whether changes in discrimination

have taken place" (Carkhuff [illegible], p. 271). Whatever the evidence, or lack of it, however, the same problem of circularity arises in this connection as in the case of rater selection, i.e., the problem of selecting raters to rate the trainees of raters.

Sampling

An issue which immediately arises in tape rating is that of whether whole sessions or samples from sessions should be used as the research unit. For the purposes of the Wisconsin Project, it was felt that:

> While the total sample may be desirable for some research purposes, it would be inordinately difficult for judges to make reliable and valid ratings of the research variables we were concerned with from so large a slice of the therapeutic interaction. Not only would it require considerable training and experience for the judge to weigh and evaluate variable portions of the interaction in order to arrive at a global rating of conditions or process, but also it would be difficult for the judge to retain his impressions in the face of momentary variations within the therapy hour. (Rogers, Gendlin, Kiesler, and Truax, 1967, p. 136)

In support of the use of brief segments the Rogers' team cited unpublished research:

> Earlier work by members of our group, particularly Hart, indicated that small samples of any given interview were sufficient to give a basis for judging its relationship and process qualities. The first studies indicated that one to three samples per interview, 2-5 minutes in length, would give an adequate basis for rating such characteristics. (Rogers, Gendlin, Kiesler, and Truax, 1967, p. 51)

The only prerequisite for selection of a segment in the Wisconsin Project research was that it contain a minimum of two patient statements and two therapist responses. It was felt that at least two statements and two responses were needed on each segment to provide sufficient verbal cues for valid and reliable ratings.

Research by Mintz and Luborsky (1971) lends support to the practice of rating brief segments with the exception of rating one very important factor, "Therapist Optimal Empathic Relationship." This factor involves the important element of empathic, skillful focus on feelings. Correlations between ratings on this

factor using whole sessions as opposed to ratings using three four-minute segments from the sessions were low. These low correlations are given added importance by virtue of the fact that correlations between the empathy measure used in the study and the Truax Accurate Empathy Scale were virtually perfect when corrected for unreliability. Given the strong positive relationship between therapist accurate empathy and patient process and/or outcomes found in a large number of studies, the obtaining of these low correlations has many implications, however for several reasons the findings can only be regarded as suggestive: (1) the rating scales used (Empathy, Warm and Giving, and Experiencing) differed in several ways from those used in Rogerian research, (2) the rating procedures were quite different (e.g., the same raters rated a number of different variables in the Mintz and Luborsky research, while it is generally the practice in Rogerian research to use separate groups of raters for each scale used), (3) the raters were untrained, and (4) objective outcome measures were not used.

As previously noted, Rogers and his associates cited unpublished research to support their use of brief segments for rating relationship and process variables. Later in their report they again cite unpublished research regarding rater reliability in judgments of therapist conditions from such segments:

> Reliability of ratings for therapist conditions, in segments of 20 seconds to five minutes, had been considered in an unpublished pilot study by Bacchini, Farwell, and Bert[illegible]. They found that three to five minute segments yielded more reliable ratings than shorter excerpts (Rogers, Gendlin, Kiesler, and Truax, 1967, p. 137)

Kiesler, Mathieu, and Klein (1964) made an extensive study of the effect of different sample sizes on the rating of patient process. Their research compared the ratings of four different groups of raters rating overlapping segments of two, four, eight, and sixteen minutes length. Their

findings revealed (1) that there were significant differences in the interrater and rate-rerate reliabilities of the four groups, (2) that there were no significant differences in the range and variability of ratings made from the segments of different length, (3) that the four sets of ratings made yielded equivalent reflections of individual differences for the three diagnostic groups involved in the study (with neurotic subjects showing a higher level of Experiencing than either the psychotic or normal subjects), and (4) that the four sets of ratings yielded equivalent reflections of early to late change in Experiencing for the three diagnostic groups. The only difference found in the study was that the longer segments produced higher absolute levels of ratings of patient Experiencing for all three groups. This difference suggests that segment lengths should not be mixed in a given study since longer segments might be biased in favor of higher or deeper levels of patient experiencing.

The research by Mintz and Luborsky (1971) previously discussed also lends support to the use of brief segments for rating patient process, since findings with respect to a factor involving patient variables, including experiencing, were favorable. However, as with the unfavorable findings regarding "Therapist Optimal Empathic Relationship," and for the same reasons, this finding is only suggestive.

Another sampling problem in tape rating is that of segment location in a given interview. The practice generally followed in the Wisconsin Project was to randomly sample a segment from the last half of each interview (Rogers, Gendlin, Kiesler, and Truax, 1967). The decision to do this was an a priori one based on the judgment that this would tap higher levels of the therapeutic conditions and process, thereby maximizing the range of ratings. However, no empirical justification was established for the practice.

Kiesler, Klein, and Mathieu (1965) investigated the question of segment location for process ratings in research aimed at determining the trend of patient Experiencing over the 50-minute interview hour. Twenty-four therapy hours were each divided into five subsequent eight-minute segments and rated, in a random order, by five judges. Significant differences in the behavior of three diagnostic groups over the therapy hour were found. Psychoneurotics demonstrated a higher level of Experiencing than either normals or schizophrenics while the Experiencing scores of the latter two groups were nearly identical. This finding replicated findings in previous research (Kiesler, Mathieu, and Klein, 1964). Moreover, neurotic patients showed a consistently linear pattern of Experiencing, indicating that they were talking most meaningfully about themselves toward the end of the interview. Schizophrenic and normal patients, on the other hand, manifested no consistent or sizable linear process improvement, i.e., Experiencing scores for their terminal segments, with some exceptions, were essentially similar to initial segments. The exceptions indicated a difference in patterns between normals and schizophrenics. Normals manifested an increase in Experiencing during the second 8 minutes, followed by a steady decline over the remainder of the hour. Schizophrenics, on the other hand, showed a decline in Experiencing during the second 8 minutes followed by a modest increase in the remainder of the hour.

Summarizing their finding, the authors note that:

> The results show clearly that the variable of time in the therapy hour is related to patient process level and that the specific nature of this relationship may vary in different diagnostic groups. To the extent that this is true, the potentially confounding effect of time on process ratings must be controlled or at least considered in any study in which the total interview is not sampled (Kiesler, Klein, and Mathieu, 1965, p. 343).

Individual therapy session ratings do not necessarily, of course, represent what transpires in terms of therapist conditions and client process over the course of a complete therapy relationship or case.

Notable variations in patient process over the course of therapy were found in analysis of data from the Wisconsin Project. Specifically, a "U-shaped function" was found in an analysis of data over the first 30 therapy interviews with a sharp drop occuring in patient Experiencing from the first through the 15th interviews and a continuous linear rise in Experiencing occuring thereafter (Rogers, Gendlin, Kiesler, and Truax, 1967; Kiesler, 1967). This phenomena was not apparent when the data was analyzed over thirds of the total therapy relationship. A possible clinical meaning for the pattern was suggested:

> The most straightforward interpretation may be that the patient does not show his lowest level of experiencing initially since he is engaged in self-description thereby exercising some selective control over the major focus and content of his communication. It is only when therapy is underway that the experiencing level drops, perhaps as the result of his defensive reaction to implicit or explicit pressures for the exploration of painful problem areas, or to the growing intimacy of the patient-therapist relationship. The slow increase in experiencing that follows this defensive phase may then represent the patient's slow and painful progress in the process of self-exploration as the relationship becomes more stable. (Rogers, Gendlin, Kiesler, and Truax, 1967, pp 202-203)

A similar study of patterns of self-exploration in other types of patients has, apparently, not been made. Given the "within interviews" differences between schizophrenics, neurotics, and normals noted above, a comparative analysis seems worthwhile. As they stand the patterns of self-exploration found for schizophrenics over the course of therapy indicate that an accurate reflection of a total therapeutic interaction, at least with psychotics and perhaps with others, would require that samples be taken from at least four stages of the relationship.

Rating Procedures

Several issues arise [illegible] followed in the actual presentation of tape segments to raters for judging. These include the question of whether to use separate groups of raters for each of the scales employed or to use the same raters for all such scales, the question of whether segments should be presented randomly or sequentially, and the question of time allotment for the making of the ratings.

With respect to the latter question, Rogers and his associates (1967) cited unpublished research by Hart which found that use time-limited ratings yielded higher inter- and intrajudge agreement than time-limited ratings. Thus, "...when raters spent as much time as they wished on each segment, the results were better" (p. 125).

With respect to the question of randomized versus sequential presentation of segments, research by Bozarth and Krauft (1972) established that random presentation of segments clearly promoted greater independence in ratings than did a sequential presentation.

Empirical evidence, then indicates that more reliable and objective ratings are likely to be obtained when raters are independently presented segments in a random order and given as much time as they wish to make their ratings.

The question of whether valid ratings are obtained when the same raters are used to rate therapeutic conditions and client process levels is one which has not been investigated empirically, although several studies have used ratings obtained in this manner. It is one of the questions examined in this study.

Contamination Effects

Contamination effects in rater judgments of tape recordings of counseling or psychotherapy could be expected to arise principally because the raters

hear both the therapist and the client [illegible] attempting to rate a variable related to only one of the two

There are actually two questions involved in this problem (1) Might the judgments of raters rating therapeutic conditions be influenced by their knowledge of what the client was doing and how well he responded to the therapist's statements so that the measures of therapeutic conditions obtained are actually measures of good therapeutic interaction rather than solely measures of the therapist's level of functioning? (2) Might the judgments of raters rating client process be influenced by the raters' knowledge of what the therapist was doing and how well he responded to the client's statements so that the measures of client process obtained are also actually measures of good therapeutic interaction rather than solely measures of the client's level of functioning?

The first of these questions has been explored by Truax (1966b) who took ten samples across time in therapy for each of five patient cases seen by five different therapists Two sets of the 50 samples obtained were used for the study, an edited set from which the patients' verbalizations had been eliminated and a non-edited set containing the patient therapist interaction, i e., both patient and therapist verbalizations The 50 edited and 50 non-edited segments were rated in a counterbalanced order by (1) a group of four trained judges who rated accurate empathy and (2) a separate group of four trained judges who rated non-possessive warmth The correlation between mean ratings of rater per sample for the accurate empathy measure of the edited and unedited sets was .68 ($p < .001$) The correlation between the mean ratings of raters per sample for the non-possessive warmth measure of the edited and unedited samples was .78 ($p < .001$) These findings indicate that highly similar ratings for the therapeutic conditions of accurate empathy

and non-possessive warmth can be obtained whether segments contain both therapist and client voices or the therapist's voice alone.

The further question of whether or not knowledge of the client's responses contaminated judgments of mean levels of accurate empathy and non-possessive warmth per case was examined by means of analysis of variance. Results for both accurate empathy and warmth revealed that there was no tendency for the edited and non-edited samples to yield different case means. Moreover, there were no differential effects for either accurate empathy or warmth on the judgments of different raters or the judgments of different sessions. The only significant difference found between ratings of edited and non-edited segments was with respect to the overall estimate of warmth. Ratings of non-edited segments on this measure were significantly higher than ratings of edited segments.

A limitation of Truax's study should be noted at this point. Although separate groups of raters were used to rate the two conditions, the same raters rated both edited and non-edited segments on the respective conditions. While the edited and non-edited segments were presented in a counter-balanced order, the use of the same raters to rate both sets leaves open the possibility that at least some of the segments might have been recognized from a previous presentation and assigned a comparable rating.

Subject to this limitation the Truax study does provide empirical evidence indicating that measurements of a therapist's level of accurate empathy and non-possessive warmth are, in general, not contaminated by rater knowledge of the patient's responses.

The findings of the Truax study, however, do not answer the second question posed above, that of whether or not rater knowledge of therapist verbalizations may contaminate ratings of client process levels. A totally different set of

behaviors, those at the 'other end" of the therapeutic relationship, and totally different scales are involved in client process measurement as opposed to the behaviors and the scales involved in the measurement of therapist accurate empathy and non-possessive warmth

One study has explored the influence of client and therapist verbalization rates and verbal interactional variables on rater judgments of patient experiencing (Kiesler, Mathieu, and Klein, 1967). The results revealed little evidence that the Experiencing ratings were contaminated by patient or therapist formal speech patterns No research has been done, however, to fully resolve the issue of whether or not raters of client process are influenced simply by hearing therapist verbalizations- It was one of the purposes of this study to accomplish that task.

## CHAPTER III

## DESIGN AND METHODOLOGY

### Design

Ten audio taped segments of psychotherapy were used in this study. Five of the segments represented high levels of therapist accurate empathy and five represented low levels of therapist accurate empathy.

Two sets of the ten segments were used: an unedited set of the 10 segments containing both therapist and client verbalizations, and an edited set of the same segments from which the therapists' verbalizations had been deleted.

The study used five groups of five raters each. All five groups of raters were trained in rating levels of self-exploration. Three of the five groups were also trained in rating therapist levels of accurate empathy.

The three groups trained in rating accurate empathy as well as self-exploration were designated EDX 1, EDX 2, and EDX 3 where "E" represents empathy measurement training and "DX" represents self-exploration measurement training. The two groups trained only in rating self-exploration were thus simply designated DX 1 and DX 2.

Group EDX 1 rated the unedited segments both on therapist levels of accurate empathy and client levels of self-exploration.

Groups EDX 2 and DX 1 rated the unedited segments on client levels of self-exploration only.

Groups EDX 3 and DX 2 rated the edited segments on client levels of self-exploration only.

The design originally proposed for this study was a split plot design with repeated measures on two variables, segments and raters, which were nested

respectively, with [illegible] levels and [illegible] experiences (Winer, 1962). However, further study indicated that a multi-variate analysis of variance design using two observations per rater, the average of his or her ratings of the five high empathy segments and the average of his or her ratings of the five low empathy segments, was more efficient and appropriate for the experiment. This was because the influence of the therapists' empathy levels on the raters' judgments of client self-explorations was of major interest (Winer, 1962).

A schematic representation of the design is shown in Figure 1.

Figure 1

Segments

| | Unedited | | Edited | |
|---|---|---|---|---|
| Raters | EDX 1 | High Empathy Segments<br>5 observations<br>Low Empathy Segments | EDX 3 | High Empathy Segments<br>5 observations<br>Low Empathy Segments |
| Raters | EDX 2 | High Empathy Segments<br>5 observations<br>Low Empathy Segments | DX 2 | High Empathy Segments<br>5 observations<br>Low Empathy Segments |
| | DX 1 | High Empathy Segments<br>5 observations<br>Low Empathy Segments | | |

The importance of having the unedited segments rated by the three groups, EDX 1, EDX 2, and DX 1, lay in the varying degrees of sensitivity to therapist verbalizations which the three groups presumably represented. The raters in

Group EDX 1 received empathy training and applied that training to the same segments which they later rated on client level of self-exploration. This group may thus have been especially sensitive to any contaminating effects of the therapists' verbalizations as they rated self-exploration. Group EDX 2 had empathy rating training but did not actually rate the segments on accurate empathy. This group may thus have been sensitive to any contaminating effects of therapists' verbalizations as they rated the client levels of self-exploration, though less so than group EDX 1. Group DX 1, finally, had training only in rating self-exploration. They presumably would have been the least sensitive of the three groups to any contaminating effects of therapists' verbalizations as they rated self-exploration.

The importance of having the two groups of raters, EDX 3 and DX 2 rate client levels of self-exploration from the edited segments lay in the fact that Group EDX 3 had training in rating both empathy and self-exploration and may have been sensitive to any effects of the two training experiences upon the judging of self-exploration even in the absence of hearing therapists' verbalizations while Group DX 2 had training only in rating self-exploration and would not have been influenced by such effects.

## Methodology

### Rater Selection and Assignment

A pool of 39 potential raters, recruited from among graduate students in the Counselor Education Department at the University of Florida, was formed for the study. To avoid contamination effects from previous rater training or experience, only persons inexperienced in tape rating were recruited.

In order to minimize possible biases on the part of the raters with regard to what counseling or psychotherapy is or ought to be, only students who had not

taken the basic course in counseling theory and practice in the Counselor Education Department were recruited. Since that course is also a pre-requisite for practicum experience any influence of clinical experience was also thus minimized.

Incentive to volunteer for the study was provided by announcing that those selected for the study would be paid.

The 25 raters actually used in the study were randomly selected from among the pool of 39 persons recruited. These 25 were randomly assigned to the five groups (five raters per group). Three of the five groups were then randomly selected for training in the rating of both accurate empathy and self-exploration. One of these three groups, in turn, was randomly selected to rate both empathy and self-exploration on the 10 unedited segments used in the study (Group EDX 1) and one was randomly selected to rate only self-exploration on the 10 unedited segments (Group EDX 2). The remaining group (EDX 3) rated the 10 edited segments on self-exploration only.

The remaining two of the original five groups were trained only in rating self-exploration. One of these two groups was randomly selected to rate self-exploration on the unedited segments (Group DX 1). The remaining group rated the edited segments on self-exploration (DX 2).

Group EDX 1 was composed of four females and one male. The age range in this group was from 22 to 29. Group EDX 2 was composed of five females. The age range in this group was from 22 to 36. Group EDX 3 was composed of two females and three males ranging in age from 24 to 31. Group DX 1 was composed of four females and one male ranging in age from 22 to 35. Group DX 2 was composed of four females and one male. The age range in this group was from 22 to 34.

Instruments

Two rating scales were used in this study, the Truax Scale for the Measurement of Accurate Empathy and the Truax Scale for the Measurement of Depth of Self-Exploration.

The Truax Scale for the Measurement of Accurate Empathy has been used in a large number of studies of counseling and psychotherapy (These studies are summarized in Truax and Carkhuff, 1967.) High levels of accurate empathy as measured by reference to the scale have shown significant and positive correlations with measures of client levels of self-exploration or experiencing and with favorable client outcomes. Low levels of accurate empathy as measured by reference to the scale have been associated with lower levels of client self-exploration or experiencing and with unfavorable outcomes.

The Truax Accurate Empathy Scale consists of nine stages ranging from the lowest stage, 1, to the highest, 9. The concept around which the scale is constructued is that of accurate empathic understanding which refers to "... the therapist's ability to perceive and communicate accurately and with sensitivity, the feelings of the patient and the meaning of these feelings" (Truax and Carkhoff, 1967, p. 285)

A rating of Stage 1 on the Truax Accurate Empathy Scale indicates that the therapist seems completely unaware of even the most obvious feelings of the client. At intermediate stages there appears to be increasing perception and communication on the part of the therapist of both the patient's present and obvious feelings and of veiled feelings. At higher stages a sensitivity on the part of the therapist toward even the preconscious feelings of the patient is noted until at Stage 9 the therapist appears to respond unerringly to the full range of the patient's feelings and does so appropriately and without hesitance.

A schematic presentation of the Truax Accurate Empathy Scale was developed by Melloh (1964) and is to be found in Appendix A. A copy of the scale itself is to be found in Appendix B.

The Truax Scale for the Measurement of Depth of Self-Exploration was derived in part from the process scale developed by Rogers, Walker, and Rablen (1960). Application of this scale to tape recordings of individual psychotherapy with schizophrenics indicated that patients rated high in self-exploration showed greater personality change than patients rated relatively low (Truax and Carkhuff, 1964). A number of other studies which used the Truax Self-Exploration Scale yielded similar findings, including research with 80 outpatients receiving time limited group therapy, 16 hospitalized patients in group therapy, and 30 hospitalized patients in group therapy. (These unpublished studies are summarized by Truax and Carkhuff, 1967, pp 159-161 and pp 192-193.)

The Truax Self-Exploration Scale consists of ten stages ranging from the lowest stage, 0, to the highest stage, 9. The basic concept in this scale's construction is that of "personally relevant material" referring to "...emotionally ringed experiences or feelings, or to feelings or experiences of significance to the self" (Truax and Carkhuff, 1967, p. 195). Thus, at Stage 0 no personally relevant material seems to be presented and no opportunity for any to be discussed appears present. At Stage 1, personally relevant material seems to be actively evaded while at Stage 2 it seems not to be voluntereed but is not evaded when introduced by the therapist. At higher stages on the scale additional elements of client behavior come into play such as at Stage 5 where personally relevant material seems to be discussed with either feeling or spontaneity, though not both, and at Stage 6 where both feeling and spontaneity are seen as present. At the upper stages of the scale still other

elements are noted such as at Stage 7 where there appears to be a probing of the self "to discover feelings or experiences anew" (Truax and Carkhuff, 1967, p. 204).

A schematic presentation of the nature of the client's self-exploration at each of the stages of the scale was prepared by this writer for rater training purposes. A copy is to be found in Appendix C and a copy of the scale itself is to be found in Appendix D.

## Training

### Training in Empathy Rating

The raters in Groups EDX 1, EDX 2, and EDX 3 were trained first in the rating of accurate empathy. At an initial training meeting of the 15 raters involved, each rater was provided a copy of the Training Manual: Empathy, Warmth, Genuineness (Bazarth and Krauft, n/d). Section I of the manual, dealing with the Truax empathy scale, was first read silently and then discussed. Following the discussion copies of Mellon's schematic representation of the various levels of the scale (Appendix A) were distributed and discussed.

When a consensus had been reached as to the meaning of the various scale levels, the raters were separated into their respective groups. Training segments from tape recorded therapy interviews were then presented for rating. These segments had been selected from among those used by Hill (1974) and represented both high and low levels of therapist accurate empathy as previously judged by Hill's raters using Carkhuff's "Empathic Understanding in Interpersonal Processes Scale." For purposes of selecting high and low empathy training segments the ratings assigned by Hill's judges were transformed into comparable ratings on the Truax scale using Carkhuff's formula that:

> For comparative purposes, level 1 of the present scale is approximately equal to stage 1 of the Truax scale. The remaining levels are approximately correspondent: level 2 and stage 2 and 3 of the earlier version, level 3 and stages 4 and 5, level 4 and stages 6 and 7; level 5 and stages 8 and 9. (Carkhuff, 1969b, p. 315)

The transformed ratings were used only for selecting the empathy training segments. They were not used as norms for the training of the raters. The training itself was directed toward helping each group establish its own group consensus.

The high and low level empathy segments were interspersed for presentation to avoid the problem of flat data, i.e., data which represents a low range of process levels and thus reduces relationship coefficients. Lawlis (1968) notes that

> The real danger in 'flat data' is that the raters will begin to make discriminations in the data where there should be none just to change the monotony. Thus raters begin to have a set that is erroneous and this confuses them on other data. If possible, such data should be interspersed with other data. (p. 2)

The empathy training segments contained both therapist and client verbalizations. Each segment was approximately three minutes in length. The same empathy training segments were presented in the same order to each group of raters. The segments were not otherwise used in the study.

As each training segment was presented it was independently scored by each rater. To facilitate the scoring process a specially prepared score sheet which included a reproduction of Mellon's schematic representation of the Truax empathy scale was provided each rater. Identical score sheets were later used by the raters in Group EDX 1 for their scoring of accurate empathy on the experimental segments. Thus the empathy training experience helped familiarize those raters with a form they later used in the experimental phase of the study. A copy of the empathy score sheet is to be found in Appendix E.

In order to allow the raters additional latitude in scoring the training segments the use of decimal points was permitted though the use was limited to one decimal place.

Following each presentation of a segment the ratings assigned by each of the raters were discussed together with the rater's reasons for giving his or her particular rating. Both similarities and differences in the ratings were discussed but special attention was given to resolving, through group discussion, any differences which exceeded two full stages.

The initial empathy training session lasted two hours. Separate meetings of each group were then scheduled to continue the training. At these subsequent meetings additional training segments were presented, rated, and discussed as during the first session.

The empathy training meetings continued until each group had been presented a minimum of eight segments. To establish pre-experimental reliabilities each group's ratings of the next two segments, 9 and 10, were then analyzed for interrater reliability using Ebel's Intraclass Correlation Formula (Ebel, 1951).

The obtaining of a minimum reliability of .70 by each group in the rating of four pre-experimental empathy segments had originally been proposed as the criterion for training, however several considerations led to the use of the procedure described above: (1) it was felt that each of the groups should be presented with a specific minimum number of training segments in order to establish a common broad basis for making judgments, (2) it was felt that the pre-experimental reliabilities should, if possible, be established on identical segments for each of the three groups, and (3) the number of clear, audible high and low empathy segments available for training and establishing reliabilities was limited.

A minimum reliability of .70 was retained as the criterion for training. Results of the analysis of each group's ratings of empathy training segments 9 and 10 revealed that all three groups had obtained the requisite reliability in their judgments of therapist accurate empathy. Group EDX 1 obtained an

interrater [illegible] group EDX 1 an interrater reliability of .92, and group EDX 3 [illegible] interrater reliability of .73

None of the F values obtained for the raters in the three groups was significant, indicating that in none of the groups did the raters differ significantly among themselves in their judgments of the segments.

The F value for segments obtained by Groups EDX 1 and EDX 2 were significant at the .01 and .05 levels respectively, indicating that these two groups discriminated between the two segments. The F value for segments obtained by Group EDX 3 was not significant indicating that the raters in that group did not discriminate between the two segments.

The ratings assigned empathy training segments 9 and 10 by Groups EDX 1, EDX 2, and EDX 3, the rater reliability scores, and the F values for each group are presented in Tables 1 through 3 respectively.

Training in Self Exploration Rating

All five groups were trained in rating self exploration. Groups EDX 1, EDX 2, and EDX 3 began their self exploration training upon concluding their training in a continuation of their separate group meetings. Groups DX 1 and DX 2, who received only the training in rating self-exploration, met together for the initial training session but thereafter met separately.

The method used for the training in rating client level of self-exploration was like that used in the training in rating therapist accurate empathy. At the initial meetings each rater was provided a copy of Truax's "Tentative Scale for the Measurement of Depth of Self-Exploration" (Appendix B). The scale was first read silently and then discussed. Following the discussion, copies of a schematic representation of the various levels of the scale, prepared by

Table 1

Pre-Experimental Empathy Rating Reliabilities
Obtained by Group EDX 1

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 8 | 3.5 |
| 2 | 4.2 | 2 |
| 3 | 7.5 | 2 |
| 4 | 6.5 | 2 |
| 5 | 6.8 | 1.5 |

Analysis of Variance on Pre-Experimental
Ratings of Empathy by Group EDX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 7.44 | 1.86 | 2.16 |
| Segments | 1 | 48.40 | 48.40 | 56.28** |
| Error | 4 | 3.44 | .86 | |
| Total | 9 | 59.28 | | |

** $p < .01$
$r = .98$

NOTE: r is rater reliability for all five raters taken together

$$r = \frac{MS_s - MS_e}{MS_s}$$

$MS_s$ = Mean Square for Segments
$MS_e$ = Mean Square for Error

Table 2

Pre-Experimental Empathy Rating Reliabilities
Obtained by Group EDX 2

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 7 | 2 |
| 2 | 5.2 | 4 |
| 3 | 7.5 | 6 |
| 4 | 6 5 | 4.5 |
| 5 | 7 | 2 |

Analysis of Variance on Pre-Experimental
Ratings of Empathy by Group EDX 2

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 7.66 | 1-92 | 1.06 |
| Segments | 1 | 21.61 | 21.61 | 11-94* |
| Error | 4 | 7 24 | 1.81 | |
| Total | 9 | 36.51 | | |

*p <.05
r = .92

Table 3

Pre-Experimental Empathy Rating Reliabilities
Obtained by Group EDX 3

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 6 | 4.5 |
| 2 | 5.2 | 3.5 |
| 3 | 6 | 2 |
| 4 | 6 | 2 |
| 5 | 4 | 5.5 |

Analysis of Variance on Pre-Experimental
Ratings of Empathy by Group EDX 3

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 2.29 | .57 | .22 |
| Segments | 1 | 9.41 | 9.41 | 3.66 |
| Error | 4 | 10.29 | 2.57 | |
| Total | 9 | 21.99 | | |

r = .73

this writer for training purposes were distributed and discussed. A copy of the schematic representation of the Truax scale is to be found in Appendix C.

When a consensus was reached as to the meaning of the various scale stages, training segments from tape recorded therapy interviews were presented to each group for rating. These segments, like those used for the training in empathy rating, were selected from among those used by Hill (1974). The segments represented both high and low stages of client self-exploration as judged by Hill's raters using Carkhuff's "Helpee Self-Exploration in Interpersonal Processes Scale." For purposes of selecting the training segments the ratings assigned by Hill's judges were transformed into comparable ratings on the Truax scale using Carkhuff's formula that:

> For comparative purposes, level 1 of the present scale is approximately equal to stage 1 of the earlier scale. The remaining levels are approximately correspondent, level 2 and stages 2 and 3; level 3 and stages 4 and 5, level 4 and stage 6; level 5 and stages 7, 8, and 9 (Carkhuff, 1969b, p. 327)

As in the case of the empathy training segments the transformed ratings were used only for selecting the self-exploration training segments. They were not used as norms for the training of the raters. The thrust of the training with each group was toward the obtaining of a group consensus.

The self-exploration training segments were different from those used for empathy training. None of the segments were otherwise used in the study.

The self-exploration training segments, like the empathy training segments, were interspersed to avoid the problem of flat data (Lawlis, 1963). The segments contained both therapist and client verbalizations. Each segment was approximately three minutes in length. The same segments were presented in the same order to each group of raters.

To facilitate the scoring process a specially prepared score sheet which included a reproduction of the schematic representation of the Truax self-

exploration scale was provided each rater. Identical score sheets were later used by each of the raters in their scoring of self-exploration on the experimental segments. Thus the self-exploration training experience helped familiarize the raters with a form they later used in the experimental phase of the study. A copy of the self-exploration score sheet is to be found in Appendix F.

To allow the raters additional latitude in scoring the training segments, the use of decimal points was permitted, though the use was limited to one decimal place.

The procedure for obtaining a group consensus and establishing pre-experimental reliabilities in the rating of self-exploration was similar to that used in the empathy training.

As each training segment was presented it was independently scored by each rater. Following each presentation the ratings assigned by each of the raters were discussed together with the rater's reasons for giving his or her particular rating. Both similarities and differences in the ratings were discussed but special attention was given to resolving, through group discussion, any differences which exceeded two full levels.

The self-exploration training sessions continued until each group had been presented a minimum of eight segments. To establish pre-experimental reliabilities each group's ratings of the next two segments, 9 and 10, were then analyzed for interrater reliability using Ebel's Intraclass Correlation Formula (Ebel, 1951).

As in the case of the empathy training the obtaining of a minimum reliability of .70 by each group in the rating of four pre-experimental segments had originally been proposed as the criterion for training. However, the same considerations which applied there led to the use of the procedure described above.

A minimum reliability of .70 was retained as the criterion for training. Results of the analysis of each group's ratings of self-exploration training

segments 9 and 10 revealed that all five groups had obtained the requisite reliability in their judgments of client level of self-exploration. Group EDX 1 obtained an interrater reliability of .997, group EDX 2 an interrater reliability of .98, group EDX 3 an interrater reliability of .91, group DX 1 an interrater reliability of .97, and group DX 2 obtained an interrater reliability of .96.

None of the F values obtained for the raters in the five groups was significant, indicating that in none of the groups did the raters differ significantly among themselves in their ratings of the two segments.

The F values for segments obtained by Groups EDX 1, EDX 2, DX 1, and DX 2 were significant at the .01 level, and the F value for segments obtained by Group EDX 3 was significant at the .05 level, indicating that all five groups discriminated between the two segments.

The ratings assigned self-exploration training segments 9 and 10 by Groups EDX 1, EDX 2, EDX 3, DX 1 and DX 2, the rater reliability scores, and the F values are presented in Tables 4 through 8 respectively.

Segments

The ten segments used in the study were selected from among those used by Pare (1970). Six of the ten were from the National Institute of Mental Health at the University of Arkansas, taken from interviews ranging from the third to the eleventh session. The remaining four segments were from a rater-training tape used at the University of Arkansas Research Center. These experimental segments were random samples of professional therapeutic interviews. Ten different therapists with ten different patients were represented among them. Nine of the ten therapists were male and one was female. Five of the clients were female and five were male; five of the nine male therapists had female clients and four had male clients. The single female therapist had a male client.

Table 4

Pre-Experimental Self-Exploration Rating Reliabilities
Obtained by Group EDX 1

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 5.5 | 6 |
| 2 | 5.5 | 5.5 |
| 3 | 5.5 | 5.7 |
| 4 | 6.5 | 6.6 |
| 5 | 6.2 | 6.2 |

Analysis of Variance on Pre-Experimental
Ratings of Self-Exploration by Group EDX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | .37 | .09 | .50 |
| Segments | 1 | 80.66 | 80.66 | 448.11** |
| Error | 4 | .71 | .18 | |
| Total | 9 | 81.74 | | |

**p < .01
r = .997

Table 5

Pre-Experimental Self-Exploration Rating Reliabilities Obtained by Group EDX 2

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 5 | 1 |
| 2 | 6 | 1.5 |
| 3 | 6 | 0 |
| 4 | 5.8 | 0 |
| 5 | 5 | 1 |

Analysis of Variance on Pre-Experimental Ratings of Self-Exploration by Group EDX 2

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | .95 | .24 | .24 |
| Segments | 1 | 51.98 | 51.98 | 50.96** |
| Error | 4 | 4.09 | 1.02 | |
| Total | 9 | 57.02 | | |

**$p < .01$
$r = .98$

Table 6

Pre-Experimental Self-Exploration Rating Reliabilities
Obtained by Group EDX 3

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 4.5 | 4.5 |
| 2 | 5 | .5 |
| 3 | 3 | 1.0 |
| 4 | 5 | 0 |
| 5 | 5 | 0 |

Analysis of Variance on Pre-Experimental
Ratings of Self-Exploration by Group EDX 3

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 7.40 | 1.85 | .75 |
| Segments | 1 | 27.23 | 27.23 | 10.98** |
| Error | 4 | 9.90 | 2.48 | |
| Total | 9 | 44.53 | | |

*p < .05
r = .91

Table 7

Pre-Experimental Self-Exploration Rating Reliabilities
Obtained by Group DX 1

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 6 | 0 |
| 2 | 6 | .1 |
| 3 | 6 | 0 |
| 4 | 2 | 0 |
| 5 | 7 | 0 |

Analysis of Variance on Pre-Experimental
Ratings of Self-Exploration by Group DX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Rater | 4 | 7.66 | 1.92 | 1.02 |
| Segments | 1 | 72.36 | 72.36 | 38.29** |
| Error | 4 | 7.54 | 1.89 | |
| Total | 9 | 87.56 | | |

**p .01
r = .97

Table 8

Pre-Experimental Self-Exploration Rating Reliabilities
Obtained by Group DX 2

| Rater | Segment 9 | Segment 10 |
|---|---|---|
| 1 | 5 | 4 |
| 2 | 7 | .5 |
| 3 | 5.5 | 0 |
| 4 | 6 | 0 |
| 5 | 5 | 0 |

Analysis of Variance on Pre Experimental
Ratings of Self-Exploration by Group DX 2

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 5.35 | 1.38 | .57 |
| Segments | 1 | 57.60 | 57.60 | 23.90** |
| Error | 4 | 9.65 | 2.41 | |
| Total | 9 | 72.60 | | |

**$p < .01$
$r = .96$

The segments used in the experimental procedure had been previously rated by six sets of qualified judges on the Truax Accurate Empathy Scale. The segments were rated as one segment at stage 2, three segments at stage 3, one segment at stage 4, one segment at stage 5, two segments at stage 6, one segment at stage 8, and one segment at stage 9. These ratings were used in distinguishing high and low levels of therapist accurate empathy on the segments. Ratings of stage 4 and below were taken as representing low levels of therapist accurate empathy since at stage 4, while the therapist is judged to be somewhat accurate with respect to the client's present, obvious feelings, his accuracy is regarded as somewhat low and his recognition of less apparent feelings as only occasional. Ratings of stage 5 and above were taken as representing high levels of therapist accurate empathy since at stage 5 the therapist's understanding of his client's present, obvious feelings is judged to be fully accurate and he also seems to show an awareness of many of his client's less apparent feelings, an awareness which though sometimes inaccurate is nevertheless not disruptive. On the basis of this differentiation five of the ten experimental segments represented high levels of therapist accurate empathy (Segments 3, 7, 8, 9, and 10) and five represented low levels of therapist accurate empathy (Segments 1, 2, 4, 5, and 6). Any differential effects of levels of therapist accurate empathy on rater judgments of client self-exploration could thus be tapped.

Two sets of the experimental segments were used in the study, an unedited set containing both therapist and client verbalizations and an edited set from which the therapists' verbalizations had been eliminated. The edited segments were prepared through the use of a transcript of each segment. As a given segment was duplicated, reference to the transcript allowed the copy reel to be stopped at the conclusion of each client verbalization while the master reel continued to play. The copy reel was then re-engaged at the beginning of the next patient

verbalizations. In this manner each therapist verbalization in each segment was eliminated. This method of deleting the counselor verbalizations resulted in there being only momentary pauses between client verbalizations on the edited segments.

The unedited experimental segments were each approximately three minutes in length. The edited experimental segments were briefer than the unedited ones but none was less than two minutes in length.

Both the unedited and the edited segments were presented to the raters in a standard random order.

Details for each segment, in the order of their presentation, are given in Table 9.

Rating Procedures

After each group completed its training in rating self-exploration, independent meetings were scheduled for the rating of the ten experimental segments. At these meetings the raters were given typewritten instructions and transcripts of the experimental segments. The transcripts for the raters in Groups EDX 1, EDX 2, and DX 1 included the verbalizations of both the therapists and the clients. The transcripts for the raters in Groups EDX 3 and DX 2 included only the verbalizations of the clients, but indicated where the deletions of the therapists' verbalizations had been made.

The rating instructions were read, verbatim, at the beginning of each rating session. Group EDX 1 was first presented the ten unedited segments to rate on accurate empathy. Upon completing the empathy ratings and following a ten-minute break, Group EDX 1 was then presented the same ten unedited segments to rate on self-exploration. The raters were not aware that the segments they were to rate on self-exploration were identical to those they had rated on accurate

Table 9

Details of Experimental Segments

| Segment Number | Origin of Segment | Sex of Therapist | Sex of Client | Professional Judges' Rating* |
|---|---|---|---|---|
| 1 | NIMH Arkansas | M | F | 2 |
| 2 | NIMH Arkansas | M | M | 3 |
| 3 | NIMH Arkansas | M | F | 5 |
| 4 | NIMH Arkansas | M | M | 3 |
| 5 | NIMH Arkansas | M | F | 4 |
| 6 | NIMH Arkansas | M | F | 3 |
| 7 | Arkansas Training Tape | M | F | 6 |
| 8 | Arkansas Training Tape | M | M | 6 |
| 9 | Arkansas Training Tape | F | M | 8 |
| 10 | Arkansas Training Tape | M | M | 9 |

*Rated at the University of Arkansas

empathy until the transcripts and segments were presented to them for self-exploration rating

Groups EDX 2 and DX 1 were presented the ten unedited segments and rated them on self-exploration only.

Groups EDX 3 and DX 2 were presented the edited segments and rated them on self-exploration only. The raters in these two groups were not aware that the segments were edited until they received their instructions.

In each of the rating sessions the segments were rated by each rater independently. No discussion was permitted during the rating sessions and the raters were instructed not to discuss the segments or their ratings with any other raters taking part in the study

After each segment had concluded the tape was stopped and each rater entered his or her score for the segment on a score sheet similar to those used in the course of training. As in the training sessions the raters were allowed to use decimal points in their scorings but the use was restricted to one decimal place.

All ratings were non-time-limited, i e , the raters were allowed to use as much time as they wished in making their ratings

The instructions given Group EDX 1 for the rating of accurate empathy are in Appendix G . The instructions given Groups EDX 1, EDX 2, and DX 1 for the rating of self-exploration on the unedited segments are given in Appendix H. The instructions given Groups EDX 3 and DX 2 for the rating of self-exploration on the edited segments are given in Appendix I . Copies of the transcripts of the unedited and edited segments are given in Appendix J and K respectively. Copies of the score sheets are given in Appendix E and Appendix F.

Analysis

The reliabilities of Group EDX 1 in their ratings of accurate empathy on

the experimental segments and the reliabilities of each of the five groups in their ratings of self-exploration on the experimental segments were computed by means of Ebel's Intraclass Correlation Formula (Ebel, 1951).

The means and standard deviations of the empathy ratings of Group EDX 1 for each segment and the means and standard deviations of the self-exploration ratings of each group for each segment were computed through the use of a Biomedical Computer Program, the BMD 01D (Dixon, 1967)

The correlation between the empathy judgments of Group EDX 1 and those of the professional judges was calculated using Pearson's Correlation Coefficient (Downie and Heath, 1970).

The question of whether or not the self-exploration judgments of raters who had previously judged the therapists' levels of accurate empathy on the high empathy segments and on the low empathy segments might have been influenced by these previous empathy judgments and the related question of whether or not training in judging therapist level of accurate empathy in itself might have influenced raters' judgments of client self-exploration were examined through a one-way analysis of variance using the SAS Packaged Program "Multivariate Analysis of Variance" (Service, 1972).

For this analysis the mean of the self-exploration ratings given the high empathy segments and the mean of the self-exploration ratings given the low empathy segments by each of the raters in Groups EDX 1, EDX 2, and DX 1, the raters of the unedited segments, were compared.

A schematic representation of the design for this part of the experiment is shown in Figure 2.

The question of whether or not similar judgments of clients' levels of self-exploration on the high empathy segments and on the low empathy segments were obtained from raters who formed their judgments while listening to both

Figure 2

Unedited Segments

| | | |
|---|---|---|
| Raters | EDX 1 | High Empathy Segments<br>5 observations<br>Low Empathy Segments |
| | EDX 2 | High Empathy Segments<br>5 observations<br>Low Empathy Segments |
| | DX 1 | High Empathy Segments<br>5 observations<br>Low Empathy Segments |

sides of the dyadic interviews and by raters who heard only the clients' verbalizations was examined through a two-way analysis of variance using the SAS Packaged Program "Multivariate Analysis of Variance" (Service, 1972).

For this analysis the mean of the self-exploration ratings given the high empathy segments and the mean of the self-exploration ratings given the low empathy segments by each of the raters in groups EDX 2, DX 1, (the raters of the unedited segments), EDX 3 and DX 2 (the raters of the edited segments) were compared. The ratings of these four groups were compared because of the equivalent training of Groups EDX 2 and EDX 3 and of Groups DX 1 and DX 2.

A schematic representation of the design for this part of the experiment is shown in Figure 3.

Null Hypotheses

Four major null hypotheses were tested in the study:

$Ho_1$: There will be no significant differences between the judgments of client self-exploration on the five segments representing high levels of

Figure 3

Segments

| Unedited | | Edited | |
|---|---|---|---|
| | High Empathy Segments | | High Empathy Segments |
| EDX 2 | 5 observations | EDX 3 | 5 observations |
| Raters | Low Empathy Segments | Raters | Low Empathy Segments |
| | High Empathy Segments | | High Empathy Segments |
| DX 1 | 5 observations | DX 2 | 5 observations |
| | Low Empathy Segments | | Low Empathy Segments |

therapist accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate both variables on the unedited segments, (b) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, and (c) raters trained in rating self-exploration only who rate only self-exploration on the unedited segments.

$H_{02}$: There will be no significant differences between the judgments of client self-exploration on the five segments representing low levels of therapist accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate both variables on the unedited segments, (b) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, and (c) raters trained in rating self-exploration only who rate only self-exploration on the unedited segments.

$H_{03}$: There will be no significant differences between the judgments of client self-exploration on the five segments representing high levels of therapist

accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, (b) raters trained in rating self-exploration only who rate only self-exploratio on the unedited segments, (c) raters trained in rating both accurate empathy and self-exploration who rate self-exploration on the edited segments, and (d) raters trained in rating self-exploration only who rate self-exploration on the edited segments.

$H_{04}$: There will be no significant differences between the judgments of client self-exploration on the five segments representing low levels of therapist accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, (b) raters trained in rating self-exploration only who rate only self-exploratio on the unedited segments, (c) raters trained in rating both accurate empathy and self-exploration who rate self-exploration on the edited segments, and (d) raters trained in rating self-exploration only who rate self-exploration on the edited segments.

CHAPTER IV

ANALYSIS OF THE DATA

This chapter presents an analysis of the data. The analysis is based on the methodology and statistical procedures described in Chapter III.

Rater Reliability

The interrater reliability in the ratings of accurate empathy by the members of Group EDX 1 and the interrater reliability in the ratings of self-exploration by the members of all five groups were computed by the use of Ebel's Tetraclass Correlation Formula (Ebel, 1951)

The reliability of Group EDX 1 in rating accurate empathy was r = .89 (Table 10).

The reliabilities of Groups EDX 1, EDX 2, EDX 3, DX 1 and DX 2 in their ratings of self-exploration were r = .89, r = .75, r = .90, r = .87 and r = .84 respectively (Tables 12-16)

Only one of the F values for raters obtained in the six analyses was significant, that for Group EDX 3 in rating self-exploration (Table 14). The F value for raters in that case was significant at the .05 level, indicating that the raters in Group EDX 3 differed significantly among themselves in their ratings of self-exploration. Examination of the ratings assigned the ten segments by the raters in Group EDX 3 (Table 14) indicates that Rater Number 4 was the source of the difference since that person's ratings were higher than any of the other raters on 5 of the 10 segments (Segments 4, 6, 7, 8 and 10) while in no case were they lower.

In all six analyses the F values for segments obtained were significant at the .01 level indicating that each group of raters discriminated between the segments

Empathy Ratings

The individual scores of the empathy ratings of Group EDX 1 for each segment are presented in Table 10. The means and standard deviations of the empathy ratings for each segment and the corresponding scores of the professional judges are presented in Table 11.

The Pearson product-moment correlation coefficient between the empathy ratings of Group EDX 1 and those of the professional judges was r = .79 Student's t test was used to examine the significance of the correlation. The correlation proved significant at the .01 level

Self-Exploration Ratings

The individual scores of the self-exploration ratings by Groups EDX 1, EDX 2, EDX 3, DX 1 and DX 2 for each segment are shown in Tables 12 through 16 respectively The means and standard deviations of the self-exploration ratings of each group for each segment are presented in Table 17.

Evaluation of the Experimental Treatments

The influence of rating both therapist empathy levels and client self-exploration on the same segments and the influence of training in rating therapist empathy levels on the judgments of client self-exploration were evaluated through a one-way analysis of variance. For this analysis the measures used were the mean of the self-exploration ratings given the high empathy segments and the mean of the self-exploration ratings given the low empathy segments by each of the raters in Groups EDX 1, EDX 2 and DX 1, the raters of the unedited segments.

Each rater's self-exploration score for each high and each low empathy segment, each rater's mean self-exploration rating for the five high and five low empathy segments, the group means, and the results of the analyses for the high and the low empathy segments are presented in Tables 18 and 19 respectively.

Table 10

Empathy Rating Reliabilities Obtained
by Group EDX 1

| Rater | Segment | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2.5 | 3 | 5.5 | 4.5 | 3 | 5.5 | 6.5 | 7 | 6 | 7.8 |
| 2 | 4 | 3 | 7.5 | 2.2 | 2 | 1 | 6.5 | 7.5 | 4.5 | 8.8 |
| 3 | 4 | 3.5 | 8 | 4 | 3 | 2 | 6 | 7 | 4.5 | 8 |
| 4 | 3.8 | 4.9 | 7 | 6.5 | 4.5 | 1.5 | 3 | 4 | 5.5 | 5.5 |
| 5 | 2 | 2 | 6.5 | 2.5 | 3.5 | 2 | 6.9 | 7.5 | 4.5 | 8 |

Analysis of Variance on Ratings of Empathy
by Group EDX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 12.17 | 3.04 | 1.66 |
| Segments | 9 | 149.94 | 16.66 | 9.10** |
| Error | 36 | 65.86 | 1.83 | |
| Total | 49 | 227.97 | | |

**p < .01
r = .89

Table 11

Means and Standard Deviations of Group EDX 1
Empathy Ratings for Each Segment and
Corresponding Professional Judges' Scores

| Segment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Means | 3.26 | 3.28 | 6.90 | 3.94 | 3.20 | 2.40 | 5.58 | 6.60 | 5.00 | 7.62 |
| Standard Deviation | .94 | 1.06 | .96 | 1.73 | .91 | 1.78 | 2.31 | 1.47 | .71 | 1.25 |
| Professional Judges' Scores | 2 | 3 | 5 | 3 | 4 | 3 | 6 | 6 | 8 | 9 |

Table 12

Self-Exploration Reliabilities Obtained by Group EDX 1

| Rater | Segment | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 4.5 | 4.8 | 5.2 | 7.8 | 5 | 4.1 | 4.4 | 5.5 | 6.2 | 7.5 |
| 2 | 4.5 | 5 | 6.5 | 8 | 5.5 | 3.5 | 3.2 | 6 | 4 | 4 |
| 3 | 4.5 | 5 | 6 | 7.5 | 7 | 3 | 4 | 5 | 5.5 | 5 |
| 4 | 4 | 5.5 | 4.5 | 7.3 | 5.5 | 3.1 | 4.1 | 6.5 | 7.4 | 6 |
| 5 | 5.5 | 5.5 | 5.8 | 8 | 4.5 | 4.8 | 5.2 | 6.8 | 6.5 | 8 |

Analysis of Variance on Ratings of Self-Exploration by Group EDX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 6.03 | 1.51 | 2.09 |
| Segments | 9 | 57.81 | 6.42 | 8.91** |
| Error | 36 | 26.00 | .72 | |
| Total | 49 | 89.84 | | |

**$p < .01$
$r = .89$

Table 13

Self-Exploration Reliabilities Obtained by Group EDX 2

| Raters | Segment | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 4.5 | 5.5 | 5 | 7 | 6 | 2 | 4 | 5 | 5 | 7.5 |
| 2 | 5.5 | 5 | 6 | 8 | 5.5 | 5 | 4.5 | 4 | 5 | 6.5 |
| 3 | 4.5 | 3 | 5 | 6.5 | 6 | 4.5 | 5 | 7.5 | 8 | 7.5 |
| 4 | 4 | 6 | 5.5 | 6 | 4 | 5 | 5 | 4 | 6.8 | 6.5 |
| 5 | 5 | 5.5 | 6 | 7 | 6 | 4.5 | 4 | 4 | 4 | 6.5 |

Analysis of Variance on Ratings of Self-Exploration by Group EDX 2

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 2.31 | .58 | .54 |
| Segments | 9 | 38.99 | 4.33 | 4.00** |
| Error | 36 | 38.74 | 1.08 | |
| Total | 49 | 80.04 | | |

**p < .01
r = .75

Table 14

Self-Exploration Reliabilities Obtained by Group EDX 3

| Raters | Segment | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 5 | 4.5 | 6 | 6.5 | 7 | 2.5 | 3 | 2.5 | 7 | 6.5 |
| 2 | 4.5 | 4 | 6.5 | 8 | 5 | 1 | .5 | 4 | 7.5 | 5 |
| 3 | 5 | 6 | 5 | 6 | 7 | 2 | 2 | 3 | 7 | 7 |
| 4 | 5 | 4.5 | 6.5 | 8.2 | 7 | 4.5 | 5.5 | 6 | 7 | 7.5 |
| 5 | 4.5 | 4.5 | 5 | 6 | 5 | 4 | 4 | 4 | 5 | 4.5 |

Analysis of Variance on Ratings of Self-Exploration by Group EDX 3

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 16.10 | 4.03 | 3.73* |
| Segments | 9 | 100.18 | 11.13 | 10.31** |
| Error | 36 | 38.77 | 1.08 | |
| Total | 49 | 155.05 | | |

*p < .05
**p < .01
r = .90

Table 15

Self-Exploration Reliabilities Obtained by Group DX 1

| Raters | Segment | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 4.5 | 5 | 6.3 | 8 | 5.5 | 5 | 4 | 7 | 6 | 6 |
| 2 | 3.7 | 4.5 | 6 | 6 | 6.8 | 5 | 3.2 | 5 | 7.3 | 3.9 |
| 3 | 6 | 3 | 5 | 6 | 7 | 5 | 1 | 6 | 5 | 3.5 |
| 4 | 4 | 5 | 6.5 | 6.9 | 4.5 | 4.5 | 1.5 | 5 | 7.5 | 3.5 |
| 5 | 5.9 | 6 | 5.8 | 6.1 | 4.5 | 4.4 | 3.5 | 6.1 | 6.3 | 4 |

Analysis of Variance on Ratings of Self-Exploration by Group DX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 5.76 | 1.44 | 1.60 |
| Segments | 9 | 63.53 | 7.06 | 7.84** |
| Error | 36 | 32.42 | .90 | |
| Total | 49 | 101.71 | | |

**p < .01
r = .87

Table 16

Self-Exploration Reliabilities
by Group DX 2

| Raters | Segment | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 4.5 | 5.5 | 8 | 8.5 | 4.5 | 3.5 | 2.5 | 5.5 | 8 | 7 |
| 2 | 4.5 | 5.5 | 3.5 | 6.5 | 4.2 | 5 | 5 | 3 | 7.5 | 7 |
| 3 | 4.5 | 5.5 | 8 | 6.5 | 6.5 | 5.5 | 4 | 4.5 | 8.5 | 8 |
| 4 | 4 | 5 | 7 | 9 | 4 | 0 | 0 | 4.5 | 6.5 | 3.5 |
| 5 | 5 | 5.5 | 6 | 8 | 6 | 5 | 2 | 5 | 4.5 | 6.1 |

Analysis of Variance on Ratings of
Self-Exploration by Group DX 2

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Raters | 4 | 18.34 | 4.59 | 2.45 |
| Segments | 9 | 107.38 | 11.93 | 6.38** |
| Error | 36 | 67.15 | 1.87 | |
| Total | 49 | 192.87 | | |

**p < .01
r = .84

Table 17

Means and Standard Deviations of Groups EDX 1, EDX 2, EDX 3, DX 1, and DX 2 Self-Exploration Ratings for Each Segment

| Segment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| EDX 1 | | | | | | | | | | |
| Means | 4.60 | 5.16 | 5.60 | 7.72 | 5.50 | 3.70 | 4.18 | 5.96 | 5.92 | 6.10 |
| Standard Deviation | .55 | .32 | .77 | .31 | .94 | .75 | .72 | .73 | 1.27 | 1.67 |
| EDX 2 | | | | | | | | | | |
| Means | 4.70 | 5.00 | 5.50 | 6.90 | 5.50 | 4.20 | 4.50 | 4.90 | 5.76 | 6.90 |
| Standard Deviation | .57 | 1.17 | .50 | .74 | .87 | 1.25 | .50 | 1.52 | 1.61 | .55 |
| EDX 3 | | | | | | | | | | |
| Means | 4.80 | 4.70 | 5.80 | 6.94 | 6.20 | 2.80 | 3.00 | 3.90 | 6.70 | 6.10 |
| Standard Deviation | .27 | .76 | .76 | 1.08 | 1.10 | 1.44 | 1.90 | 1.34 | .97 | 1.29 |
| DX 1 | | | | | | | | | | |
| Means | 4.82 | 4.70 | 5.92 | 6.60 | 5.66 | 4.78 | 2.64 | 5.82 | 6.42 | 4.18 |
| Standard Deviation | 1.07 | 1.10 | .58 | .87 | 1.21 | .30 | 1.31 | .84 | 1.02 | 1.04 |
| DX 2 | | | | | | | | | | |
| Means | 4.50 | 5.40 | 6.50 | 7.70 | 5.04 | 3.80 | 2.70 | 4.50 | 7.00 | 6.32 |
| Standard Deviation | .35 | .22 | 1.87 | 1.15 | 1.13 | 2.25 | 1.92 | .94 | 1.58 | 1.71 |

With 2 and 12 degrees of freedom an F value of 3.88 would have been necessary in order that the null hypotheses might be rejected at the .05 level of confidence.

The null hypotheses tested and the results of the analyses were as follows:

$Ho_1$. There will be no significant differences between the judgments of client self-explorations on the five segments representing high levels of therapist accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate both variables on the unedited segments, (b) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, and (c) raters trained in rating self-exploration only who rate self-exploration only on the unedited segments.

Inspection of the analysis of variance table for the high empathy segments in Table 18 indicates an F value below 3.88. Therefore, null hypothesis 1 was accepted.

$Ho_2$: There will be no significant differences between the judgments of client self-exploration on the five segments representing low levels of therapist accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate both variables on the unedited segments, (b) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, and (c) raters trained in rating self-exploration only who rate self-exploration only on the unedited segments.

Inspection of the analysis of variance table for the low empathy segments in Table 19 indicates an F value below 3.88. Therefore, null hypothesis 2 was accepted.

The influence of therapist verbalizations on the judgment of client level of self-exploration was examined through a two-way analysis of variance. For this analysis the mean of the self-exploration ratings given the high empathy segments and the mean of the ratings given the low empathy segments by each of

Table 18

Ratings of Self-Exploration on High Empathy Segments
by Groups EDX 1, EDX 2, and DX 1

| Segments | EDX 1 Raters | | | | | EDX 2 Raters | | | | | DX 1 Raters | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 3 | 5.2 | 6.5 | 6 | 4.5 | 5.8 | 5 | 6 | 5 | 5.5 | 6 | 6.3 | 6 | 5 | 6.5 | 5.8 |
| 7 | 4.4 | 3.2 | 4 | 4.1 | 5.2 | 4 | 4.5 | 5 | 5 | 4 | 4 | 3.2 | 1 | 1.5 | 3.5 |
| 8 | 5.5 | 6 | 5 | 6.5 | 6.8 | 5 | 4 | 7.5 | 4 | 4 | 7 | 5 | 6 | 5 | 6.1 |
| 9 | 6.2 | 4 | 5.5 | 7.4 | 6.5 | 5 | 5 | 8 | 6.8 | 4 | 6 | 7.3 | 5 | 7.5 | 6.3 |
| 10 | 7.5 | 4 | 5 | 6 | 8 | 7.5 | 6.5 | 7.5 | 6.5 | 6.5 | 6 | 3.9 | 3.5 | 3.5 | 4 |
| Mean | 5.8 | 4.7 | 5.1 | 5.7 | 6.5 | 5.3 | 5.2 | 6.6 | 5.6 | 4.9 | 5.9 | 5.1 | 4.1 | 4.8 | 5.1 |
| Group Mean | 5.56 | | | | | 5.52 | | | | | 5.00 | | | | |

Analysis of Variance on Ratings of Self-Exploration on
High Empathy Segments by Groups EDX 1, EDX 2 and DX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Groups | 2 | .98 | 49 | 1.11 |
| Error | 12 | 5.30 | .44 | |
| Total | 14 | 6.28 | | |

Table 18

Ratings of Self-Exploration on Low Empathy Segments
by Groups EDX 1, EDX 2, and DX 1

| Segments | EDX 1 Raters | | | | | EDX 2 Raters | | | | | DX 1 Raters | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1 | 4.5 | 4.5 | 4.5 | 4 | 5.5 | 4.5 | 5.5 | 4.5 | 4 | 5 | 4.5 | 3.7 | 6 | 4 | 5.9 |
| 2 | 4.8 | 5 | 5 | 5.5 | 5.5 | 5.5 | 5 | 3 | 6 | 5.5 | 5 | 4.5 | 3 | 5 | 6 |
| 4 | 7.8 | 8 | 7.5 | 7.3 | 8 | 7 | 8 | 6.5 | 6 | 7 | 8 | 6 | 6 | 6.8 | 6.1 |
| 5 | 5 | 5.5 | 7 | 5.5 | 4.5 | 6 | 5.5 | 6 | 4 | 6 | 5.5 | 6.8 | 7 | 4.5 | 4.5 |
| 6 | 4.1 | 3.5 | 3 | 3.1 | 4.8 | 2 | 5 | 4.5 | 5 | 4.5 | 5 | 5 | 5 | 4.5 | 4.4 |
| Mean | 5.2 | 5.3 | 5.4 | 5.1 | 5.7 | 5 | 5.8 | 4.9 | 5 | 5.6 | 5.6 | 5.2 | 5.4 | 4.9 | 5.4 |
| Group Mean | 5.34 | | | | | 5.26 | | | | | 5.32 | | | | |

Analysis of Variance on Ratings of Self-Exploration on Low Empathy
Segments by Groups EDX 1, EDX 2 and DX 1

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Groups | 2 | .02 | .01 | .11 |
| Error | 12 | 1.09 | .09 | |
| Total | 14 | | | |

the raters in Group EDX 2 and DX 1 (the raters of the unedited segments) and it Groups EDX 3 and DX 2 (the raters of the edited segments) were compared.

Each rater's self-exploration score for each high and each low empathy segment, each rater's mean self-exploration rating for the five high and the five low empathy segments, the group means, and the results of the analyses for the high and the low empathy segments are presented in Tables 20 and 21 respectively With 1 and 16 degrees of freedom an F value of 4.49 was necessary to reject the null hypotheses of no difference among the groups at the .05 level of confidence.

The null hypotheses tested and the results of the analyses were as follows:

$H_{03}$: There will be no significant differences between the judgments of client self-exploration on the five segments representing high levels of accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, (b) raters trained in rating self-exploration only who rate only self-exploration on the unedited segments, (c) raters trained in rating both accurate empathy and self-exploration who rate self-exploration on the edited segments, and (d) raters trained in rating self-exploration only who rate self-exploration on the edited segments.

Inspection of the analysis of variance table for the high empathy segments in Table 20 indicates that all values of F are less that 4.49. Therefore, null hypothesis 3 was accepted.

$H_{04}$: There will be no significant differences between the judgments of client self-exploration on the five segments representing low levels of accurate empathy as made by (a) raters trained in rating both accurate empathy and self-exploration who rate only self-exploration on the unedited segments, (b) raters trained in rating self-exploration only who rate only self-exploration on the unedited segments, (c) raters trained in rating both accurate empathy and self-exploration

Table 20

Ratings of Self-Exploration on High Empathy Segments
by Groups EDX 2, DX 1, EDX 3, and DX 2

| Segments | EDX 3 Raters | | | | | DX 1 Raters | | | | | EDX 3 Raters | | | | | DX 2 Raters | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 3 | 5 | 8 | 5 | 5.5 | 8 | 8.3 | 8 | 5 | 6.5 | 5.8 | 8 | 8.5 | 5 | 8.5 | 5 | 8 | 3.5 | 8 | 7 | 8 |
| 7 | 4 | 4.5 | 5 | 5 | 4 | 4 | 3.2 | 1 | 1.5 | 3.5 | 3 | .5 | 2 | 5.5 | 4 | 2.5 | 5 | 4 | 0 | 2 |
| 8 | 5 | 4 | 7.5 | 4 | 4 | 7 | 5 | 6 | 5 | 8.1 | 2.5 | 4 | 3 | 8 | 4 | 5.5 | 3 | 4.5 | 4.5 | 5 |
| 9 | 5 | 5 | 8 | 8.5 | 4 | 8 | 7.3 | 5 | 7.5 | 8.3 | 7 | 7.5 | 7 | 7 | 5 | 8 | 7.5 | 8 | 8.5 | 4.5 |
| 10 | 7.5 | 6.5 | 7.5 | 8.5 | 8.5 | 8 | 3.9 | 3.5 | 3.5 | 4 | 6.5 | 5 | 7 | 7.5 | 4.5 | 7 | 7 | 8 | 3.5 | 8.1 |
| Mean | 5.3 | 5.2 | 6.8 | 5.8 | 4.9 | 5.9 | 5.1 | 4.1 | 4.8 | 5.1 | 5 | 4.7 | 4.8 | 6.5 | 4.5 | 6.2 | 5.2 | 5.8 | 4.3 | 4.7 |
| Group Mean | 5.52 | | | | | 5.00 | | | | | 5.10 | | | | | 5.40 | | | | |

Analysis of Variance on Ratings of Self-Exploration on
High Empathy Segments by Groups EDX 2, DX 1, EDX 3, and DX 2

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Groups | 1 | .06 | .06 | .098 |
| Segments | 1 | .001 | .001 | .001 |
| Segments x Groups | 1 | .84 | .84 | 1.38 |
| Error | 18 | 9.79 | .81 | |

Table 21

Ratings of Self-Exploration on Low Empathy Segments
by Groups EDX 2, DX 1, EDX 3, and DX 2

| Segments | EDX 2 Raters | | | | | DX 1 Raters | | | | | EDX 3 Raters | | | | | DX 2 Raters | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1 | 4.5 | 5.5 | 4.5 | 4 | 5 | 4.5 | 3.7 | 6 | 4 | 5.9 | 5 | 4.5 | 5 | 5 | 4.5 | 4.5 | 4.5 | 4.5 | 4 | 5 |
| 2 | 5.5 | 5 | 3 | 6 | 5.5 | 5 | 4.5 | 3 | 5 | 6 | 4.5 | 4 | 6 | 4.5 | 4.5 | 5.5 | 5.1 | 5.5 | 5 | 5.5 |
| 4 | 7 | 8 | 6.5 | 6 | 7 | 8 | 6 | 6 | 6.9 | 6.1 | 6.5 | 8 | 6 | 8.2 | 6 | 8.5 | 6.5 | 6.5 | 9 | 8 |
| 5 | 6 | 5.5 | 6 | 4 | 6 | 5.5 | 6.8 | 7 | 4.5 | 4.5 | 7 | 5 | 7 | 7 | 5 | 4.5 | 4.2 | 6.5 | 4 | 6 |
| 6 | 2 | 5 | 4.5 | 5 | 4.5 | 5 | 5 | 5 | 4.5 | 4.4 | 2.5 | 1 | 2 | 4.5 | 4 | 3.5 | 5 | 5.5 | 0 | 5 |
| Mean | 5 | 5.8 | 4.9 | 5 | 5.5 | 5.6 | 5.2 | 5.4 | 4.9 | 5.4 | 5.1 | 4.5 | 5.2 | 5.8 | 4.8 | 5.3 | 5.1 | 6.7 | 4.4 | 5.9 |
| Group Mean | 5.26 | | | | | 5.32 | | | | | 5.08 | | | | | 5.46 | | | | |

Analysis of Variance on Ratings of Self-Exploration on Low
Empathy Segments by Groups EDX 2, DX 1, EDX 3, and DX 2

| Source | Degrees of Freedom | Sum of Squares | Mean Square | F |
|---|---|---|---|---|
| Groups | 1 | .25 | .24 | 1.09 |
| Segments | 1 | .002 | .002 | .009 |
| Segments x Groups | 1 | .13 | .13 | .59 |
| Error | 16 | 3.52 | .22 | |

who rated self-exploration on the edited segments, and (d) raters trained in rating self-exploration only who rate self-exploration on the edited segments.

Inspection of the analysis of variance table for the low empathy segments in Table 21 indicates that all values of F are less than 4.49. Therefore, null hypothesis 4 was accepted.

Discussion

The finding that Groups EDX 2 and DX 1 did not differ significantly in their judgments of either the high or the low empathy segments indicates that familiarity with the concept of accurate empathy and training in its measurement do not necessarily lead raters of client self-exploration to be influenced in their judgments of self-exploration by therapists' levels of empathy. Apparently, such raters are able to attend to the clients' side of the interaction and to make reliable judgments of self-exploration uncontaminated by the therapists' levels of accurate empathic understanding.

The finding that Groups EDX 1 and DX 2 did not differ significantly in their ratings of either the high or the low empathy segments adds support to the foregoing conclusion. Furthermore, the raters trained in rating both accurate empathy and self-exploration who rated both variables on the same segments (Group EDX 1) did not significantly differ in their ratings of self-exploration from those who were trained only in rating self-exploration and who rated only self-exploration on the segments (Group DX 1). This finding indicates that raters trained to judge either side of a dyadic interchange can in fact do so with relative ease. It should be emphasized in this connection that the raters in Group EDX 1 made both their empathy judgments on the therapists and their self-exploration judgments on the clients at one meeting and with only a 10-minute break between the two rating procedures. The close temporal proximity in the judging of the two variables by the same raters would presumably have

allowed any contaminating effects of the empathy judgments on the self-exploration judgments to have been realized. The absence of evidence for such contaminating effects, given the temporal proximity involved, argues strongly for the ability of the raters to make objective, independent judgments of client self exploration and to not confound these judgments with previous ratings of the therapists' empathy levels.

The significantly positive correlation between the empathy judgments of the raters in Group EDX 1 and those of the professional judges adds further support to the foregoing conclusion since it tends to indicate that the raters in Group EDX 1, in making their empathy judgments, were not only discriminating between the segments but were doing so in a way similar to that of other trained judges not associated with the study. In other words, the raters in Group EDX 1 tended to hear the same differences in empathy levels in the segments as other raters had heard but, apparently, were unaffected by having heard those differences when making client self-exploration judgments a few minutes later.

(It should be noted that the correlation between the empathy judgments of Group EDX 1 and those of the professional judges also suggests that the empathy judgments of the raters in Group EDX 1 were noninfluenced by hearing the clients' verbalizations as they made their empathy judgments.)

The conclusions discussed above are based primarily on the absence of any significant difference between the self-exploration ratings of either Group DX 1 or EDX 2 from those of Group DX 1. It should be emphasized that the raters in Group DX 1 were naive with respect to the concept of accurate empathy and its measurement. Any influence of the therapists' verbalizations on the judgments of client self-exploration made by Group DX 1 would necessarily, then, have to have arisen from some undefined quality of these verbalizations. Moreover, given the agreement between all three groups of raters on both the high and the

low empathy segments, [illegible] verbalizations would presumably have been common and uniform for all of the groups

The finding that Groups EDX 2, DX 1, EDX 3 and DX 2 did not differ significantly in their judgments of either the high or the low empathy segments indicates that there was, in fact, no underlying or undefined quality of therapists' verbalizations which influenced the raters' judgments of client self-exploration. Any contaminating effects on rater judgments resulting from hearing the therapists' verbalizations while judging client level of self-exploration could have been expected to arise in either or both groups EDX 2 and DX 1, the raters of the unedited segments, as compared with either or both Groups EDX 3 and DX 2, the raters of the edited segments. The absence of a significant difference between the ratings of Groups EDX 2 and DX 1 and the ratings of Groups EDX 3 and DX 2 indicates that the raters of the unedited segments made their judgments without influence or contamination by the therapists' verbalizations and that the resulting ratings of client self-exploration solely represent judgments regarding the clients' levels of involvement in the therapeutic interview.

Finally, the fact that Groups EDX 3 and DX 2 did not differ significantly in their ratings of self-exploration on the high and the low empathy edited segments, and that Groups EDX 2 and DX 1 likewise did not differ significantly in their ratings of self-exploration on the high and the low empathy unedited segments indicates that there were no interaction effects from training in rating both accurate empathy and self-exploration which influenced self-exploration judgments. This finding adds still further support to the view that raters of client self exploration are not necessarily susceptible to an influence of empathy training when making self-exploration judgments.

Summary

The interrater reliability of Group EDX 1 in rating accurate empathy was .89.

The correlation between the empathy ratings of Group EDX 1 and those of professional judges was .79 ($p \leq .01$)

The interrater reliabilities of the five groups of raters in judging self exploration ranged from .75 to .90

The hypotheses regarding the effects of high and low levels of therapist accurate empathy on rater judgments of self-exploration were tested comparing the self-exploration judgments of raters trained to rate both accurate empathy and self-exploration who rated both variables on the same segments, raters trained to rate both variables who rated only self-exploration on the segments, and raters trained only to rate self-exploration who rated only self-exploration on the segments. The hypotheses were tested using a one-way analysis of variance. No significant differences between the three groups were found for either high or low empathy segments and the null hypotheses were accepted

The hypotheses regarding the influence of therapist verbalizations per se on rater judgments of client self-exploration were tested comparing the self-exploration judgments of raters who judged segments containing both therapist and client verbalizations with comparably trained raters who judged the same segments but with the therapists' verbalizations deleted. The hypotheses were tested using a two-way analysis of variance. No significant differences between the groups were found on either high or low empathy segments and the null hypotheses were accepted

CHAPTER V

SUMMARY AND IMPLICATIONS

Summary

The purpose of this study was to investigate the effects of therapist statements on rater judgments of client levels of self-exploration, and more specifically, to investigate the effects of therapist empathy levels on such judgments. Research (see the Review in Chapter II) has indicated that therapist accurate empathy is significantly and positively associated with client self-exploration and that high levels of both are significantly and positively associated with favorable client outcomes.

Five groups of five raters each were used in the study. Three of the five groups were first trained in rating therapist accurate empathy and were then trained in rating clients' levels of self-exploration. One of these three groups rated, sequentially, therapist accurate empathy and client level of self-exploration on ten segments of counseling or psychotherapy containing both therapist and client verbalizations (unedited segments). Five of the segments represented high levels of therapist accurate empathy and five represented low levels of therapist accurate empathy. The second of the three groups trained in rating both accurate empathy and self-exploration rated only self-exploration on the same ten unedited segments. The third group rated client level of self-exploration on the same segments but with the therapist verbalizations deleted (edited segments).

The remaining two groups of raters were trained only in rating self-exploration. One of these two groups rated client self-exploration on the unedited segments and the other rated client level of self-exploration on the edited segments.

The analysis was carried out in two parts. The first analysis compared the self-exploration ratings of (1) the judges trained to rate both accurate empathy and self-exploration who sequentially rated the two variables on the unedited segments, (2) the judges trained to rate both accurate empathy and self-exploration who rated only self-exploration on the unedited segments, and (3) the judges trained to rate only self exploration who rated only self-exploration on the unedited segments.

Using a one-way analysis of variance no significant differences between the ratings of the three groups were found on either the high or the low empathy segments and the null hypotheses were accepted.

The second analysis compared the ratings of the two groups who rated client levels of self-exploration on the unedited segments with the comparably trained two groups of raters who rated client levels of self-exploration on the edited segments. Using a two-way analysis of variance no significant differences between the ratings of the groups were found on either the high or the low empathy segments and the null hypotheses were accepted.

It was noted that the raters who judged accurate empathy as well as self-exploration on the unedited segments significantly agreed in their empathy judgments with the empathy judgments of professional raters. This indicated that the raters had heard differences in therapist empathic responses akin to differences heard by the professional judges but were nevertheless not subsequently influenced in their judgments of client self-exploration by hearing these differences.

Finally, it was noted that the agreement between the empathy judgments of the raters who judged empathy in this study and the empathy judgments of the professional judges was an indication that the empathy judgments were not influenced by the raters' previous training in rating client self-exploration

and hearing the clients' statements as they made their empathy judgments.

## Implications

### Limitations

There are three limitations in this study which should be considered when discussing its implications.

1. While the experimental segments represented a wide range of empathy stages (from 2 to 9 as judged by the professional judges and from 2.40 to 7.62 as judged by the raters in the study), the lower end of the empathy scale was more fully represented than was its upper end. In terms of the professional judges' scores there were a total of four segments below stage 4 but only two above stage 6. Consequently, any influence of very high empathy levels on ratings of self-exploration may not have been detected. The difficulty in this connection is that of obtaining segments representing the high stages of empathic understanding, since, as Truax and Carkhuff (1967) have noted, most counselors or therapists seem to function at the lower stages.

2. The possibility that other qualities of therapist verbalization might influence rater judgments of client self-exploration was not directly examined. While the finding of no difference between the judgments of self-exploration on the edited as opposed to the unedited segments suggests that other therapist qualities would not be an influence, there is no direct, empirical evidence from the study which bears upon the question. Rater knowledge of such qualities as therapist non-possessive warmth or genuineness might, thus, influence judgments of self-exploration when both sides of the dyadic interchange are heard during the rating process.

3. The Truax Scale for the Measurement of Depth of Self-Exploration and the Truax Accurate Empathy Scale used in this study offer raters a range of ten levels and nine stages respectively for making their judgments. Other scales,

designed to measure essentially the same variables, have been widely used in research but provide only five levels for raters (Carkhuff, 1969b). While equivalences have been offered between scorings on the Truax scales and scorings on the Carkhuff scales (Carkhuff, 1969b), correlations between the scales have not been empirically established nor has it been established that the Truax scales and the Carkhuff scales are, in fact, measuring the same variables. Consequently, caution must be used in generalizing from this study to studies using the Carkhuff scales.

Rating Procedures

The validity of the positive relationship between therapist accurate empathy and client levels of self-exploration, established in a variety of studies, is specifically supported by the results of this research since the findings indicate that judgments of self-exploration are unaffected by therapist empathy levels.

The findings of highly similar ratings on the unedited and on the edited segments tend to support the practice of obtaining measurements of client self-exploration from segments containing both therapist and client verbalizations. This finding also adds support to the many studies which have related levels of client self-exploration as judged on the Truax scale to various therapeutic outcomes using measurements of client self-exploration obtained from unedited tape segments.

The similarity of the self-exploration ratings of Group EDX 1 to those of Group DX 1 lends support to the practice of using identical raters to judge both therapist empathy and client self-exploration on the same segments. Consequently, this finding also supports the studies in which identical raters have been used to measure the two variables on the same samples. While it remains methodologically preferable to use separate groups of raters to judge each variable in order to insure the independence of the ratings, researchers may not always find it

[illegible] willing and able [illegible] as raters may sometimes [illegible] and/or recruit. In such cases the use of identical persons to rate both empathy and self-exploration can be justified on the basis of this study.

Self-Exploration Scale Validity

Examination of the Truax Depth of Self-Exploration Scale raises an important question as to whether or not the ratings of the edited segments could have been made simply in terms of self-exploration as that construct is defined by the scale points, at least at the lower end of the scale. For example, Stage 1 is described as "The patient actively evades personally relevant material (by changing the subject for instance, refusing to respond at all, etc.)." Stage 2 is defined as "The patient does not volunteer personally relevant material with the therapist but he does not actually evade responding to it when the therapist introduces it to the interpersonal situation." Similar definitions, each contingent on the nature of the therapists' interventions, are given for Stages 0, 3, 4, and for the contortions. These definitions raise the question of how raters could accurately assess a client's depth of self-exploration without therapist statements to which the client did or did not respond.

One explanation, perhaps the most parsimonious, for the agreement among the judgments of the five groups of raters in this study, is that the raters were responding in part to some quality of the client, perhaps voice quality, tone, or inflection, not described in the definition of self-exploration.

In any case, the findings of this study suggest that the self-exploration ratings represented in part a response to some quality of client statements not included in the definition of the scale. To clarify the meaning of the construct this quality should be identified, the scale points defined accordingly, and the relationship of the scale to other client behaviors and to outcomes reconsidered.

Conclusions

Before the influence of therapist verbalizations on rater judgments of client self-exploration can be fully assessed, this study should be replicated with particular attention given to the limitations noted above regarding the representation of higher empathy levels, rater knowledge of other therapist qualities, and the use of other scales.

Further research should also be done to identify qualities of client verbalizations not included in the definition of the Truax Depth of Self-Exploration Scale to which self-exploration raters may be responding in making their judgments. Meanwhile the current data indicate that therapist statements do not influence rater judgments of client self-exploration, and more specifically, that high and low levels of therapist accurate empathy do not influence such judgments.

APPENDIX A

A SCHEMATIC PRESENTATION OF A SCALE FOR THE MEASUREMENT OF ACCURATE EMPATHY*

| Level of Client Feelings Perceived and Reflected by the Therapist | Degrees of Therapist Accuracy in the Perception of Client Feelings or the Stages of the Accurate Empathy Scale | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Stage 5 | Stage 6 | Stage 7 | Stage 8 | Stage 9 |
| Feelings obvious to anyone | Ignores | Understands poorly | Often inaccurate | Usually accurate | Accurate | Accurate | Accurate | Accurate | Unhesitating flawless accuracy |
| Veiled feelings | | Ignores | Senses but understands poorly | Accuracy very low but trying | Sensitive but somewhat inaccurate reactive interpretation | Accurate toward coarser but not intensity | Accurate | Accurate | |
| Preconscious feelings | | | | | | Ignores | A precise pointing toward | Sensitive trial-and-error exploration | |

Source: Truax and Carkhuff, Toward Effective Counseling and Psychotherapy, 1967

*This schematic presentation of levels of accurate empathy was developed by Richard A. Hallick, University of Florida; it provides a brief summary of the table scale and is intended to facilitate the training of raters in the use of the scale

APPENDIX B

TRUAX'S TENTATIVE SCALE FOR THE MEASUREMENT
OF ACCURATE EMPATHY

Stage 1

Therapist seems completely unaware of even the most conspicuous of the client's feelings; his responses are not appropriate to the mood and content of the client's statements. There is no determinable quality of empathy, and hence no accuracy whatsoever. The therapist may be kind and disinterested or actively offering advice, but he is not communicating an awareness of the client's current feelings.

Stage 2

Therapist shows an almost negligible degree of accuracy in his responses, and that only toward the client's most obvious feelings. Any emotions which are not clearly defined he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from Stage 3 in that the therapist ignores feelings rather than displaying an inability to understand them.

Stage 3

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature or sense their meaning to the patient.

Stage 4

Therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may misinterpret some present feelings and anticipate some which are not current. Sensitivity and awareness do exist in the therapist, but he is not entirely "with" the patient in the current situation or experience. The desire and effort to understand are both present, but his accuracy is low. This stage is distinguishable from Stage 3 in that the therapist does occasionally recognize less apparent feelings. He also may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but he is definitely not "with" the patient. In short, the therapist may be diagnostically accurate, but not empathically accurate in his sensitivity to the patient's current feelings.

Stage 5

Therapist accurately responds to all of the client's more readily discernible feelings. He also shows awareness of many less evident feelings and experiences, but he tends to be somewhat inaccurate in his understanding of these. However, when he does not understand completely, this lack of complete understanding is communicated without an anticipatory or jarring note.

His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. This stage is the midpoint of the continuum of accurate empathy

Stage 6

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Although he understands their content, he sometimes tends to misjudge the intensity of these veiled feelings, so that his responses are not always accurately suited to the exact mood of the client. The therapist does deal directly with feelings the patient is currently experiencing although he may misjudge the intensity of these less apparent. although sensing the feelings, he often is unable to communicate meaning to them In contrast to Stage 7, the therapist's statements contain an almost static quality in the sense that he handles those feelings that the patient offers but does not bring new elements to life. He is "with" the client but doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

Stage 7

Therapist responds accurately to most of the client's present feelings and shows awareness of the precise intensity of most of the underlying emotions. However, his responses move only slightly beyond the client's own awareness, so that feelings may be present which neither the client nor therapist recognizes. The therapist initiates moves toward more emotionally laden material, and may communicate simply that he and the patient are moving towards more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist's responses are a kind of precise pointing of the finger toward emotionally significant material.

Stage 8

Therapist accurately interprets all the client's present, acknowledged feelings. He also uncovers the most deeply shrouded of the client's feelings, voicing meanings in the client's experience of which the client is scarcely aware. Since the therapist must necessarily utilize a method of trial and error in the new uncharted areas, there are minor flaws in the accuracy of his understanding, but these inaccuracies are held tentatively. With sensitivity and accuracy he moves into feelings and experiences that the client has only hinted at. The therapist offers specific explorations or additions to the patient's understanding so that underlying emotions are both pointed out and specifically talked about The content that comes to life may be new but it is not alien

Although the therapist in Stage 8 makes mistakes, these mistakes are not jarring, because they are covered by the tentative character of the response. Also, this therapist is sensitive to his mistakes and quickly changes his response in midstream, indicating that he has recognized what is being talked about and what the patient is seeking in his own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration His voice tone reflects the seriousness and depth of his empathic grasp.

Stage 9

The therapist in this stage unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and voice. With sensitive accuracy, he expands the client's hints into a full-scale (though tentative) elaboration of feeling or experience. He shows precision both in understanding and in communication of this understanding, and experiences them without hesitancy.

APPENDIX C

A SCHEMATIC PRESENTATION OF THE EXTENT OF CLIENT ENGAGEMENT IN SELF-EXPLORATION AT THE SEVERAL STAGES OF THE TRUAX SCALE FOR THE MEASUREMENT OF DEPTH OF SELF-EXPLORATION*

| Nature of Exploration | Stages | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Discussion of personally relevant material | Mumm | Actively evaded | Does not introduce but does not evade | Responds as is introduced | Volunteered but discussed mechanically and without feeling | Volunteered and discussed with feeling or spontaneity | Volunteered and discussed with feeling and spontaneity | Tentative probing to discover feelings or experiences anew. Searching for new feelings | | |
| Probing of feelings and experiences | | | | | | | | | Follows a concerned choice May be discovering new feelings and new aspects of self | |
| Active interpersonal exploration and discovery | | | | | | | | | | Deeply exploring and being himself, or striving a new base for his view of self or the world |

Source: Truax and Carkhuff, Toward Effective Counseling and Psychotherapy, 1967

*This schematic presentation of stages of client self-exploration was developed by Roy C Mercer, University of Florida, 1974

APPENDIX D

TRUAX'S TENTATIVE SCALE FOR THE MEASUREMENT
OF DEPTH OF SELF-EXPLORATION

Stage 0

No personally relevant material and no opportunity for it to be discussed. Personally relevant material refers to emotionally tinged experiences or feelings, or to feelings or experiences of significance to the self. This would include self-descriptions that are intended to reveal the self to the therapist, and communications of personal values, perceptions of one's relationships to others, one's personal role and self-worth in life, as well as communications indicating upsetness, emotional turmoil, or expressions of more specific feelings of anger, affection, etc.

Stage 1

The patient actively evades personally relevant material (by changing the subject, for instance, refusing to respond at all, etc.). Thus, personally relevant material is not discussed. The patient does not respond to personally relevant material even when the therapist speaks of it.

Stage 2

The patient does not volunteer personally relevant material but he does not actually evade responding to it when the therapist introduces it to the interpersonal situation.

Stage 3

The patient does not himself volunteer to share personally relevant material with the therapist, but he responds to personally relevant material introduced by the therapist. He may agree or disagree with the therapist's remarks and may freely make brief remarks, but he does not add significant new material.

Stage 4

Personally relevant material is discussed (volunteered in part or in whole). Such volunteer discussion is done (1) in a mechanical manner (noticeably lacking in spontaneity or as a "reporter" or "observer"), and (2) without demonstration of emotional feeling. In addition, there is simply discussion without movement by the patient toward further exploring the significance or meaning of the material or feeling in an effort to uncover related feelings or material. Both the emotional remoteness and the mechanical manner of the patient make his discussion often sound rehearsed.

Stage 5

This stage is similar to Stage 4 except that the material is discussed either with feeling indicating emotional proximity or with spontaneity, but not both. (Voice quality is the main cue).

Stage 6

In Stage 6 the level of Stage 4 is achieved again, with the additional fact that the personally relevant material is discussed with both spontaneity and feeling. There is clear indication that the patient is speaking with feeling, and his communication is laden with emotion

Stage 7

Tentative probing toward interpersonal exploration. There is an inward probing to discover new feelings or experiences anew. The patient is searching for discovery of new feelings which he struggles to reach and hold on to. The individual may speak with many private distinctions or with "personal" meanings to common words. He may recognize the value of this self-exploration but it must be clear that he is trying to explore himself and his world actively even though at the moment he does so perhaps fearfully and tentatively.

Stage 8

Active interpersonal exploration. The patient is following a "connected" chain of thoughts in focusing upon himself and actively exploring himself. He may be discovering new feelings, new aspects of himself. He is actively exploring his feelings, his values, his perceptions of others, his relationships, his fears, his turmoil, and his life choices

Stage 9

Stage 9 is an extension of the scale to be used in those rare moments when the patient is deeply exploring and being himself, or in those rare moments when he achieves a significant new perceptual base for his view of himself or the world. A rating at this stage is to be used at the judge's discretion.

CORRECTIONS

The following corrections should be applied to each basic rating where appropriate.

A. If the therapist is doing the talking but is speaking for the patient (i.e., depth reflection) and the patient is "with" him, then give the segment the rating based on the way the therapist is talking and subtract one full stage.

B. If a segment fits a given stage but does not clearly include all elements of the preceding lower stages (for example, Stage 7 lacking spontaneity), then subtract one-half stage for each missing element.

C. Add one-half stage for "personally private" material. "Personally private" material is any communication which thereby makes the individual more vulnerable. It may be information given that could be thrown back at the patient by a hostile person in a very hurtful way. It thus has the potential for being personally damaging material

D. Add one full stage for discussion of "[illegible]ing" material This is material that would be revealed only in a safe, accepting, and non-threatening close relationship. Said in any other context it would hold the threat that the other person could "throw it in his face," which might be catastrophically damaging. It would almost invariably involve the patient's making a "damaging admission" about personal weaknesses, failures, or "terrible things" that he has thought, felt, said, or done.

## APPENDIX B

### DEGREES OF THERAPIST ACCURACY IN THE PERCEPTION OF CLIENT FEELINGS ON THE TRUAX ACCURATE EMPATHY SCALE

Level of Client Feelings Perceived and Reflected by the Therapist

Rater_____

Stages

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Present Obvious Feelings | Ignores | Understands poorly | Often attempts | Usually accurate | Accurate | Accurate | Accurate | Accurate | Unhesitating flawless accuracy |
| Veiled Feelings | | Ignores | Senses but understands poorly | Accuracy very low but trying | Sensitive but somewhat inaccurate tentative interpretation | Accurate toward content but not intensity | Accurate | Accurate | |
| Transcendent Feelings | | | | | | Ignores | A practice "pointing toward" | Sensitive trial-and-error explorations | |

Segment #

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 2 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 3 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 4 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 5 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 6 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 7 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 8 | 1 | | 2 | | 3 | | 4 | | 5 | |
| 9 | 1 | | | | 3 | | 4 | | 5 | |
| 10 | 1 | | | | 3 | | 4 | | 5 | |

APPENDIX F

EXTENT OF CLIENT ENGAGEMENT IN SELF-EXPLORATION AT THE SEVERAL STAGES OF THE TRUAX SCALE FOR THE MEASUREMENT OF DEPTH OF SELF-EXPLORATION

Rater_____

| Means of Explanation | Stages | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Discussion of personally relevant material | None | Actively avoided | Does not introduce but I am not aware | Responds to it but is distracted | Volunteered but ill-informed and without feeling | Volunteered and discussed mechanically with feeling or spontaneity | Volunteered and discussed with feeling and spontaneity | Tentative probing to discover feelings or experiences and searching for new feelings | | |
| Probing of feelings and experiences | | | | | | | | | Follows a connected chain. May be discovering new feelings and new aspects of self | |
| Active interpersonal exploration and discovery | | | | | | | | | | Deeply exploring and being himself, an achieving a new base for his view of self in the world |

| Session # | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4 | 0 | 1 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6 | 0 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7 | 0 | 1 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8 | 0 | 1 | 1 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 0 | 1 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

APPENDIX C

INSTRUCTIONS TO RATERS OF ACCURATE EMPATHY

This is the experimental tape for the rating or measurement of counselor level or stage of accurate empathy

Ten segments taken from counseling or psychotherapy interviews are presented on the tape. A typescript of each segment is attached which will help you in deciphering less audible segments. You are asked to rate counselor level or stage of accurate empathy for each segment using the Truax 'Tentative Scale for the Measurement of Accurate Empathy."

Each segment is introduced by a voice giving the segment number. The segments begin with #1 and conclude with #10. Each segment runs for approximately three minutes.

Please enter your score for each segment on the score sheet provided. Use decimal points if that is helpful but please do not use more than one decimal point.

Please do not discuss the segments or your ratings with any of the other raters either during or after the rating. Please do not discuss with any other raters the nature of this tape, the nature of the segments, or the conditions under which you are making your ratings.

APPENDIX H

INSTRUCTIONS TO RATERS OF CLIENT SELF-EXPLORATION
ON UNEDITED SEGMENTS

This is the experimental tape for the rating or measurement of client level of self-exploration.

Ten segments taken from counseling or psychotherapy interviews are presented on the tape. A typescript of each segment is attached which will help you in deciphering less audible segments. You are asked to rate client level of self-exploration for each segment using the Truax "Tentative Scale for the Measurement of Depth of Self-Exploration."

Each segment is introduced by a voice giving the segment number. The segments begin with #1 and conclude with #10. Each segment runs for approximately three minutes.

Please enter your score for each segment on the score sheet provided. Use decimal points if that is helpful but please do not use more than one decimal point.

Please do not discuss the segments or your ratings with any of the other raters either during or after the rating. Please do not discuss with any other raters the nature of this tape, the nature of the segments, or the conditions under which you are making your ratings.

APPENDIX i

INSTRUCTIONS TO RATERS OF CLIENT SELF-EXPLORATION
ON EDITED SEGMENTS

This is the experimental tape for the rating or measurement of client level of self-exploration

Ten segments taken from counseling or psychotherapy interviews are presented on the tape. THE COUNSELORS VOICES HAVE BEEN ELIMINATED IN EACH SEGMENT, therefore, you will hear only the client's side of the interaction. A typescript of each segment is attached which will help you in deciphering [illegible] audible segments and which will also identify points at which the counselor's statements or responses have been eliminated. You are asked to rate client level of self-exploration for each segment using the Truax "Tentative Scale for the Measurement of Depth of Self-Exploration." This may be difficult to do in the absence of hearing the counselor's voice, however, you are asked to do the very best you can and to give a rating to each segment.

Each segment is introduced by a voice giving the segment number. The segments begin with #1 and conclude with #10. Each segment runs for approximately 2 1/2 minutes.

Please enter your score for each segment on the score sheet provided. Use decimal points if that is helpful but please do not use more than one decimal point.

Please do not discuss the segments or your ratings with any of the other raters either during or after the rating. Please do not discuss with any other raters the nature of this tape, the nature of the segments, or the conditions under which you are making your ratings.

APPENDIX J

TYPESCRIPTS OF UNEDITED SEGMENTS

SEGMENT #1

(Male Therapist - Female Client)

**Counselor:** You mentioned before you were afraid of your parents' arguments

**Client:** Well, there was a lot of threats. Uh, I worried when they argued about what I thought my father was going to do -- he always went after a knife and guns and things.

**Counselor:** Uh huh.

**Client:** And not only that, now I have, I have had, not lately, but I've had the same thing at home where I have. We have a revolver and I have it hidden now because I'm always being threatened So I can just see so many of the incidents repeating themselves in my own home and the kids hear all this Because I try ... Myself, I try to keep it quiet, but my husband always wants to drag them in on it. Uh, always well, for the past couple of years he's always telling them that we're getting a divorce, and this and that about me where I don't believe in telling them until it's ready to take place Why worry them -- why shake their security until it happens?

**Counselor:** Uh huh

**Client:** But this is the way he is -- he always has to drag them into it. They've heard him threaten me, they know I have the gun hidden. In fact, they know more than they should know.

**Counselor:** Who is telling them all these things?

**Client:** The kids? My husband. Of course they've heard our arguments, now, but I mean when there is anything to be told to them about this, I mean, about our marriage, he tells them, because I won't. Now, I did talk to them today for the first time. When I was... Since I have practically decided to take this vacation, I told them what may happen and why I was going away for a couple of weeks. I felt they had a right to know that. And if I would go ahead with the divorce, my oldest daughter who only has one more year of school, says she definitely wants to stay with her dad, just be here in Indiana and finish her school and I don't blame her for that, in fact, I think it would be a good idea for her to be with him -- it would help him, too, to have someone

SEGMENT #2

(Male Therapist - Male Client)

**Client:** Actually this last weekend I was supposed to go over there and

Client: (continued) Julie called me Saturday and told me that perhaps I'd better not come because Tom had called Sandy and wanted to talk to her and that they would probably go out. And so I said fine. (Inaudible) And I haven't been over since then and they called me twice and asked me over and I said no.

Counselor: They've called you twice since then?

Client: Since then (Inaudible).

Counselor: Why not?

Client: I've been wondering about that myself except that...

Counselor: Except?

Client: Except that If I should go over there and run into Tom or I should see Tom, we'd both be there for the same purpose, we'd both be there to see Sandy because, while Julie was the girl that I dated last summer, I would, I'd never go over there to see her even though I count her as a good friend of mine now, because two periods over this summer that Sandy was, was out of town for a week I didn't go over there and I didn't call. And I wouldn't, I would not want to be over there if Tom was over there and even more so now I'm wondering whether there is a possibility that that marriage is going to, you know, to, uh, if there is a chance that that marriage could, you know, could be saved. I don't whether I don't know how to react to that prospect except that, uh, Sandy's been the one girl I could ever really, truly ever talk to -- and I could never talk to her about this.

Counselor: You mean I could never talk to her again (Inaudible)?

Client: Yeah.

Counselor: What do you mean?

Client: Uh, I've told things to Sandy, in deadly earnest, well I guess that's a stupid statement, not in deadly earnest but I revealed a lot of things about myself -- about my relationships with my parents, about my relationship with my grandmother, to Sandy that I've never told anyone else. About not quite as much as I've told you, because I mean, I've never really, I've never told you anything about my sex life you know, of my...with Sandy. We've never covered that. Uh...

SEGMENT #3

(Male Therapist - Female Client)

Client: If there's...If he gets too frightened to push around that you know, you know, I (Inaudible) so, I won't say (Inaudible).

Counselor: Yeah, that's it, you have to be sympathetic.

Client: (continued) [illegible] So that's probably [illegible] is that, he didn't say that, he didn't say why.

Counselor: Yes, and you're getting a little bit resentful at functioning in this role

Client: Yes. Probably more, because, more so because I felt that Connie, my roommate, (Inaudible) any difference at all. In fact, if I had known how he was going to take it you know, I would have told him.

Counselor: Mmmm. You mean you should have avoided the whole issue.

Client: Well, I told her to (Inaudible) he said sounds as if, he said to me as if you really, you know, you just don't give a damn, you know, you don't mind.

Counselor: Yeah.

Client: And that isn't it at all, but he asked me and, and I was (laughter) desperately trying to tell him exactly what happened (laughter) you know, so I, I did, and that's what happened.

Counselor: Mmmm.

Client: It's really weird

Counselor: Uh, what do you predict from here on out Edna? How's it going to work?

Client: Well, I don't know because I think it depends quite a bit on...you know on other situations. Because if it doesn't, well I don't know, I think my main concern is not to develop in other directions... I don't think it will. You know because sometimes I really get, I really do get awfully angry because I think, you know, I just expended an awful lot of sympathy for nothing. And I don't mean for nothing just because there's no response. Although there usually isn't, but also because it seems to me like, he could go on...he could just go on, forever and ever, and nothing will ever, you know, come of it.

Counselor: No matter what you do you can't establish ...

Client: And you can't get-..it's just that you can't get through, and it seems to me, like the people that would like to get through, in this case, can't, and the people that want to get through aren't trying.

Counselor: (Inaudible)

Client: Yeah, so then I thought, I sort of suggested (Inaudible) maybe he wasn't, uh, wasn't choosing the right people (Inaudible)

Counselor: (Inaudible)

Client: (Inaudible) Yeah, and he says (Inaudible)

SEGMENT #4

(Male Therapist - Male Client)

Client: Until when I hang up, I went back to bed and I didn't go back to sleep -- it stayed on my mind. This was at 6:00 and at 11:00 at night it was still on my mind when I went to bed. A combination of tremendous pity, uh, on the basis that, honey, you're just as sick as I'll ever be or ever have been, emotionally. Uh, number 2. . .

Counselor: She's killed something that she really wants from what you've said.

Client: Yeah. Uh huh. Uh. . . .

Counselor: So she really wants your love and. . . .

Client: And she's killed it and. . .

Counselor: Remember you said something earlier. (Inaudible) That, uh, but you know she's a bright, intelligent person -- and you wondered how a bright, intelligent person could live with somebody for 20 years and not see that just by being nice she could get whatever she wanted because. . . .

Client: That to me is the thing that I started to say!

Counselor: Maybe she was getting whatever she wanted. Could you look at it this way?

Client: Well, maybe so, but well, when I went away from the phone call I had three things, and it was just like you were going to mix a cake -- it was like you took a spoon and just mixed the batter of pity, absolute anger -- and the anger was expressed against the loss of the last 10 years. Now that's the only way I can explain it. Her loss, my loss, our loss, the loss of the last 10 years. I get angry everytime I think about it, because I can't re-cupe it -- it's gone.

Counselor: You have to cut loose.

Client: And it makes me so damn mad to think that two people have literally lost 10 years of their life in a cat-and-dog fight that resulted in final failure and didn't solve the problem that they were trying to solve of association. Uh, and didn't achieve the goal of establishing a good home for the children. Uh, ten years. . . and yet it's a failure, and I get so goddman mad everytime I think of. . . . And I really am sorry for her because she believes she's good -- with all her heart, she believes she's good! and I know she's good in her own way. But that way I just cannot, I just can't live with it and this -- and it's hard to cut loose. It's hard to say, to say you've loved somebody for 20 goddman years and had 4 kids by them and that you still don't care for anybody else on earth, but you cannot take this medicine anymore.

SEGMENT #5

(Male Therapist - Female Client)

Client: But I really - I don't think that this was the real issue. Usually when something like this comes up it's, it's a symptom of something else. I really want to get rid of him. I don't care about Walter and...

Counselor: So you were telling me the truth when you told me that it was all right with you for him ...

Client: That I was telling you the truth, and he, he knows that I really am not particularly fond of him, because if there's anything that I have been with him, it's honest. I have made even an effort not to mislead him in terms of letting him think something that I think or feel something that I don't. I mean I know that I've been honest with him. And so I have felt good in a way about my relationship with him in that respect. But at the same time I, I feel that - I don't know, I get kind of tired and bored. And you know, and I think, well I just see him because I don't have anybody else to (Inaudible) and I thought well now that's a poor excuse to keep dragging somebody on. And then I thought, well, I don't know that that's really what I'm doing anymore than that's what Walter is doing to me. And, uh, as we don't have any deep romance. We never will. Uh, I don't know that I should really just break up with him altogether. Well, anyway, I felt kinda bad, I particularly felt bad about having hung the phone up in such a fashion. And it kind of surprised me too, that I did it. Because when I answered the phone I was in a good mood, I was not mad when he called. And he always says, "Well, you're looking well," as if he can see me, you know, and all. And we went through the usual little pleasantries you know, and all that, and then he started on this thing about my not calling, and I just got very angry very quick. And for about 10 or 15 minutes after that we talked. And I really believed him, I was sitting there trying to figure out whether I should swallow my pride and call him back because I wasn't going to let him take all of it. He is the type -- now that's one of the things that aggravates me about him...

SEGMENT #6

(Male Therapist - Female Client)

Client: But other than that I was just fine. But since I've been home, I get into real depressive and real moody moods to where I can, I can barely attend myself.

Counselor: Hmmm. When did you come back?

Client: We came back Saturday and Sunday went up to the lake area.

Counselor: Mmm.

Client: And Sunday night we came back. But we lost our dog Sunday.

Counselor: (continued) Mmmm

Client: We had a poodle.

Counselor: Oh.

Client: A little silver poodle.

Counselor: (Mumble)

Client: You know she was a pedigree.

Counselor: Yeah.

Client: And we took her up the lake with us, and we took her across the lake in a boat with this other couple that we were with. And she treaded water a little. So when it got really warm, she kinda sat in the water, she was okay. So we got in the house, set the blankets up and everything and my husband called her and she wouldn't go to him. Well, this made him mad, and she, I guess because everybody was watching and she wouldn't go to him. So he picked up the dog and he was going to throw her in the lake, was what he was going to do. And he went to throw her, and she fell, or she hit against a tree, and it frightened her so bad that she ran away, you know. Well, he went looking for her -- of course he felt very badly about it immediately. But what hurt me more than that was the fact that the children cried. And my children got very upset. Not that, not, I can't say that. They got very upset inside, if you know what I mean.

Counselor: Mmmm.

Client: They kept it within. And so Joe was gone for a real long time looking for her, and he said he saw her at one point, and I told him, I said she may have been hurt, and maybe she was scared, you know, to come back. And I felt like I was an egg, I was walking on eggs with him because it upset him so easily. And when he gets upset he gets mad real easily. In other words, he'll bite off your head if you say something in the wrong way, you know. So I didn't want the kids to get upset and I didn't want to get upset, and of course all the while I was just churning inside you know. And uh, I, uh, oh about an hour later he said do you want to take a walk with me to go find her and I said yes. So we walked up together and I talked to him about it and he didn't say too much. He said, do you really want her? And I said well, I'm not that unhappy about losing her, I said that's not the idea. I said except for the children, you know, for the kids, I said because of the house. And I didn't want her to ruin my house, you know, in case she had an accident or something like this cause I'm really a fanatic about things like this. So, uh, we spent the whole day looking for her and we never did find her, so last night, and we left our name up there. So last night somebody called.

SEGMENT #7

(Male Therapist - Female Client)

Client: Friday and Saturday afternoons when that's all there is in a small town you get dressed and (Inaudible) to Milwaukee.

Counselor: Uh huh

Client: I mean that was...

Counselor: There's always something doing in Milwaukee.

Client: (Inaudible) go to a lot of different things that you wouldn't hav . I mean...

Counselor: Mahmm

Client: (Inaudible) that we didn't have, you know when we lived in a smaller town.

Counselor: Mmmm.

Client: After being brought up practically their whole life and went out there...

Counselor: Mmmm, so your husband is busy on the road and your boys are busy with their activities, and that really does leave you all alone at home, and I guess there is probably nothing else left to do except to crawl into a shell.

Client: You do, I mean, you do it automatically : if you don't, I mean you don't want to but, I mean, I just, sure there's a lot of things that, where you could, you could probably (Inaudible) I lived there my whole life, I lived more or less even in the country, you knew there was never anything like that to go to that you got used to ..running around and doing things like that.

Counselor: Just not used to going out and seeing or doing things like you have to or seem to have to, to be accepted

Client: Sure, some people think you're .that there is something mentally wrong with you when you are, that you're emotionally ill, that there's a reason when you don't go to some of these activities. I mean that they do have an long as he wasn't there to go I didn't feel as though, when he was working and driving night and day from coast to coast, that I should be running around either, I mean, and, and, going here and going there when that's all he was doing, was working all the time.

Counselor: Really seems funny to you to even think of going out and having fun when you know your husband is working hard all week.

Client: Well he was then, I mean driving those trucks, you know I'd go with him even. And I know what it was, I mean, and those were just short

Client: (continues) [illegible] through the state, going along, you know going from coast to coast [illegible] not...

Counselor: Mmhmm...

Client: I mean it doesn't seem like it's a hard job to do, but it gets unmentenous too—

Counselor: Mmhmm...

Client: That's even worse than doing a hard day's work, I think -- a monotonous job...

Counselor: Mmhmm... You really felt for him in the hardness of his job.

Client: Mmhmm.

Counselor: And you're worried about him

Client: Yeah.

Counselor. So there wasn't really, I mean it isn't so much that you wanted to withdraw from people, but there was nothing to keep you out with them

Client: Well, I think, well if you've lived for so many years like I did in Minamee Falls you know everyone, you walked out on the street and you, you would always see someone, I mean you would hardly...

SEGMENT #5

(Male Therapist - Male Client)

Counselor: That's too bad in a way, because it interferes with your, uh, being able to enjoy people.

Client: Yes, I think that enjoying people is probably one of the nicest things that, you know, you can have in this world.

Counselor. You're missing a lot if you can't enjoy people.

Client: That's right. That's the thing with Dad; now he goes out, he'll barral hell out of Mother, and Art and myself, then turn around and he just a prince with these other people; I don't know ..I don't believe I've (Inaudible) with anything he hasn't done (Inaudible).

Counselor: You get pretty damn mad at him, but you don't ever let him know how angry you get

Client: I haven't with him and if I'm pushed to such a great extent that we, as I say, come to blows and I've thrown him down a couple of times (Inaudible). He takes everything decent (Inaudible) and showers it

Client: (continued) an other people that mean nothing to him. He is sure, is I suppose, maybe he is justified in his own mind in the fact that he can get certain things out of people. Maybe he's trying to sell cars, always trying to make a 5 or 10 on them. Art had told me last night some of the people who I thought were very much against me have been (inaudible) that they themselves couldn't see why the hell the old man took such a (inaudible). She got quite familiar with it. A girl that I went to school with who was a little bit behind me, a year behind me, and her husband, her husband is an alcoholic. They can't make up their mind whether he's an alcoholic or a mental problem. And Dr. Rob...or Dr. Knevin says he's not a true alcoholic, but Dr. Metz says he is and he shouldn't take a drink at all. .and he's been drinking and carrying on ...as Art and Mary have been pretty close buddy-buddies, and Mary has told Art of these things and Carl, her husband, thought it was all right, and so did..

Counselor: Who's Mary?

Client: Mary, Mary Anderson

Counselor: Ohh! I wasn't sure -- that's this man's wife.

Client: Yes. And they've been talking together, see, and she said to Carl that she had quite a bit of respect for me, and as did Jack (inaudible), Jack, I had never thought never cared much for me one way or another. Oh, we've been finding out quite a bit.

Counselor: Maybe those people have more respect for you than you give them credit for.

Client: And more than I've had for myself.

Counselor: Yes, and more particularly, more than you've had for yourself, because you haven't had very much for yourself.

Client: No, I haven't.

SEGMENT #9

(Female Therapist - Male Client)

Counselor: Yeah.

Client: And I, uh, I didn't want to own up to them and....

Counselor: Uh huh. Uh huh.

Client: Of course now I see that, and I think he's been a lot happier too (inaudible).

Counselor: Yeah.

Client  Actually, I'm feeling positive about myself and...

Counselor  Uh huh.  Uh huh.

Client  (Inaudible) and see myself that way actually.

Counselor  Yeah, sure, and it was embarrassing to feel, for you to s[illegible] gee, he could see through you and see your weaknesses, and now it's kinda added on something else and this is that it's kinda hard for you to own up to them now and start all over and try to be something positive with him and show him the positive...

Client  Well, that's just it ...that's why I have to...

Counselor  Yeah.

Client  ...think about what I actually want to do and..

Counselor.  Uh huh.

Client  ...succeed at something...

Counselor  Uh huh

Client  ...but I can't actually live that way, I know that...

Counselor  Yeah.

Client  It's been going on for too long and.....

Counselor  Yeah, and you don't want to be ashamed of yourself, and you don't want your family to be ashamed of you...

Client  Well, that's just it.  And I feel that, I don't know, sometimes men do fail of course (Inaudible) and then they've probably failed in life.

Counselor  Uh huh.

Client.  (Inaudible) somewhat better than all others ..

Counselor  Mmhmm

Client  ...and I feel I don't want to be that way...

Counselor  Yeah, mmmm.

Client  ...cause it's something that you're actually responsible for is yourself.

Counselor  Uh huh, uh huh, uh huh.

Client  Seems like you can always better your way.

Counselor: Yeah.

Client: And even if you possibly have to go to school or [illegible] some extra training, why I think it's worth the effort.

Counselor: Mahmm.

Client: And so use giving in.

Counselor: Umm hmm. But you're not going to get anywhere by sitting still and saying the other guy's to blame or my wife or my kids. And the only way you feel that you're going to get out of this rut that you've been in is to pull yourself out of it.

Client: That's right, sort of pull up the old bootstraps and, nh[illegible]

Counselor: You feel you are responsible for it and you've got to do something about it or something.

Client: And I feel that in fact, that's the only thing that would make me feel right, I mean, is to have plenty of (Inaudible).

Counselor: Yeah, that would help to balance things out for you, wouldn't it? Sure.

Client: And I feel that, I don't know, I can do it. The idea of going out and doing it.

Counselor: Mmm, it's that first part...it's that, that first push to get started.

Client: That's right. Well, that's just it. When I think back, I mean the wife and I, it seems there wasn't much to lose but then (Inaudible).

SEGMENT #10

(Male Therapist - Male Client)

Client: Well, I got a pretty good hunch that it's making me tense, but I haven't thought much of it too much though.

Counselor: Sort of tried to avoid it.

Client: I've been looking for letters from home for just to even hear from them, you know. But I haven't been getting them for quite a while, but I don't know if that's it, but I think that's it.

Counselor: (Inaudible) They haven't written -- maybe they don't care. But it does matter to me.

Client: Well, it would help out anyway.

Counselor: Mmhmm, [illegible] are whether they write or not? But I don't well do

Client: I say it to other people, but I don't say it like that to myself.

Counselor: Mmhmm (pause) cause it really does hurt if I think they don't care. (Pause) I may seem pretty hard on the outside to other people but I do have feelings.

Client: Yeah, I've got feelings But most of the time I won't let them off

Counselor: Mmhmm Try to hide them,

Client: I guess one reason I try to hide them is seeing that I'm small li - this I've got to try to be a tough guy or something That's the way I think I....

APPENDIX K

TYPESCRIPTS OF EDITED SEGMENTS

SEGMENT #1

(Male Therapist - Female Client)

Counselor: Deleted

Client: Well, there was a lot of threats. Uh, I worried when they argued about what I thought my father was going to do -- he always went after a knife and guns and things

Counselor: Deleted

Client: And not only that, now I have, I have had, not lately, but I've had the same thing at home where I have... We have a revolver and I have it hidden now because I'm always being threatened. So I can just see so many of the incidents repeating themselves in my own home and the kids hear all this. Because I try... Myself, I try to keep it quiet, but my husband always wants to drag them in on it. Uh, always well, for the past couple of years he's always telling them that we're getting a divorce, and this and that about me where I don't believe in telling them until it's ready to take place. Why worry them -- why shake their security until it happens?

Counselor: Deleted

Client: But this is the way he is -- he always has to drag them into it. They've heard him threaten me; they know I have the gun hidden. In fact, they know more than they should know.

Counselor: Deleted

Client: The kids? My husband. Of course they've heard our arguments, now, but I mean when there is anything to be told to them about this, I mean, about our marriage, he tells them, because I won't. Now, I did talk to them today for the first time. When I was... Since I have practically decided to take this vacation, I told them what may happen and why I was going away for a couple of weeks. I felt they had a right to know that. And if I would go ahead with the divorce, my oldest daughter who only has one more year of school, says she definitely wants to stay with her dad, just be here in Indiana and finish her school and I don't blame her for that; in fact, I think it would be a good idea for her to be with him -- it would help him too, to have someone.

SEGMENT #2

(Male Therapist - Male Client)

Client: Actually this last weekend I was supposed to go over there and

Client: (continued) Julie called me Saturday and told me that perhaps I'd better not come because Tom had called Sandy and wanted to talk to her and that they would probably go out. And so I said fine. (Inaudible) And I haven't been over since then and they called me twice and asked me over and I said no

Counselor: Deleted

Client: Since then (inaudible)

Counselor: Deleted

Client: I've been wondering about that myself except that...

Counselor: Deleted

Client: Except that if I should go over there and run into Tom or I should see Tom, we'd both be there for the same purpose, we'd both be there to see Sandy because, while Julie was the girl that I dated last summer, I would, I'd never go over there to see her even though I count her as a good friend of mine now, because two periods over this summer that Sandy was, was out of town for a week I didn't go over there if Tom was over there. and even more so now I'm wondering whether there is a possibility that that marriage is going to, you know, to, uh, if there is a chance that that marriage could, you know, could be saved I don't whether...I don't know how to react to that prospect except that, uh, Sandy's been the one girl I could ever really, truly ever talk to -- and I could never talk to her about this.

Counselor: Deleted

Client: Yeah.

Counselor: Deleted

Client: Uh, I've told things to Sandy, in deadly earnest, well I guess that's a stupid statement, not in deadly earnest but I revealed a lot of things about myself -- about my relationships with my parents, about my relationship with my grandmother, to Sandy that I've never told anyone else. About not quite as much as I've told you, because I mean, I've never really, I've never told you anything about my sex life you know, of my -- with Sandy. We've never covered that. Uh...

SEGMENT #3

(Male Therapist - Female Client)

Client. If there's . if he gets too frightened to push around then you know, you know, I (inaudible) no, I won't say (inaudible)

Counselor: Deleted

Client: Yeah. So that's probably why he's out; is that, he didn't say that, he didn't say why.

Counselor: Deleted

Client: Yes Probably more, because more so because I felt that Connie, my roommate, (Inaudible) any difference at all In fact, if I had known how he was going to take it you know, I would have told him.

Counselor: Deleted

Client: Well, I told her to (Inaudible) he said sounds as if, he said to me as if you really, you know, you just don't give a damn, you know, you don't mind.

Counselor: Deleted

Client: And that isn't it at all, but he asked me and, and I was (laughter) desperately trying to tell him exactly what happened (laughter) you know, so I, I did, and that's what happened.

Counselor: Deleted

Client: It's really weird.

Counselor: Deleted

Client: Well, I don't know because I think it depends quite a bit on...you know on other situations Because if it doesn't, well I don't know, I think my main concern is not to develop in other directions ..I don't think it will. You know because sometimes I really get, I really do get awfully angry because I think, you know, I just expended an awful lot of sympathy for nothing, And I don't mean for nothing just because there's no response Although there usually isn't, but also because it seems to me like, he could go on. he could just go on, forever and ever, and nothing will ever, you know, come of it

Counselor: Deleted

Client. And you can't get ..it's just that you can't get through, and it seems to me, like the people that would like to get through, in this case, can't, and the people that want to get through aren't trying.

Counselor Deleted

Client Yeah, so then I thought, I sort of suggested (Inaudible) maybe he wasn't, uh, wasn't choosing the right people (Inaudible).

Counselor: Deleted

Client: (Inaudible) Yeah, and he says (Inaudible)

SEGMENT #4

(Male Therapist - Male Client)

Client: Until when I hung up, I went back to bed and I didn't go back to sleep -- it stayed on my mind. This was at 6:00 and at 11.00 at night it was still on my mind when I went to bed. A combination of tremendous pity, uh, on the basis that, honey, you're just as sick as I'll ever be or ever have been, emotionally. Uh, number 2 ..

Counselor: Deleted

Client: Yeah. Uh huh Uh ..

Counselor: Deleted

Client: And she's killed it and....

Counselor: Deleted

Client: That to me is the thing that I started to say!

Counselor: Deleted

Client: Well, maybe so, but well, when I went away from the phone call I had three things, and it was just like you were going to mix a cake -- it was like you took a spoon and just mixed the batter of pity, absolute anger -- and the anger was expressed against the loss of the last 10 years. Now that's the only way I can explain it. Her loss, my loss, our loss, the loss of the last 10 years. I get angry everytime I think about it, because I can't re-cope it -- it's gone.

Counselor: Deleted

Client: And it makes me so damn mad to think that two people have literally lost 10 years of their life in a cat-and-dog fight that resulted in final failure and didn't solve the problem that they were trying to solve of association. Uh, and didn't achieve the goal of establishing a good home for the children. Uh, 10 years...and yet it's a failure, and I get so goddamn mad everytime I think of it. And I really am sorry for her because she believes she's good -- with all her heart, she believes she's good! And I know she's good in her own way. But that way I just cannot, I just can't live with it and this -- and it's hard to cut losses. It's hard to say, to say you've loved somebody for 20 goddamn years and had 4 kids by them And that you still don't care for anybody else on earth, but you cannot take this medicine anymore.

SEGMENT #5

(Male Therapist - Female Client)

Client: But I really . I don't think that this was the real issue. Usually

Client (continued) whom something like this c[illegible] symptom of something else. I really want to get rid [illegible] t care about Walter and...

Counselor: Deleted

Client That I was telling you the truth, and he, he knows that I really am not particularly fond of him, because if there's anything that I have been with him, it's honest. I have made every an effort not to mislead him in terms of letting him think something that I think or feel something that I don't. I mean I know that I've been honest with him. And so I have felt good in a way about my relationship with him in that respect. But at the same time I, I feel that... I don't know, I get kind of tired And bored. And you know, and I think, well I just see him because I don't have anybody else to (inaudible) and I thought well now that s a poor excuse to keep dragging somebody on. And then I thought, well, I don't know that that's really what I'm doing anymore than that's what Walter is doing to me And, uh, so we don't have any deep romance. We never will. Uh, I don't know that I should really just break up with him altogether. Well, anyway, I felt kinda bad, I particularly felt bad about having hung that phone up in such a feshion And it kind of surprised me too, that I did it. Because when I answered the phone I was in a good mood, I was not mad when he called. And he always says, "Well, you're looking well," as if he can see me, you know, and all that, and then he started on this thing about my cat calling, and I just got very angry very quick. And for about 10 or 15 minutes after that we talked. And I really believed him, I was sitting there trying to figure out whether I should swallow my pride and call him back because I wasn't going to let him take all of it He is the type -- now that's one of the things that aggravates me about him ...

SEGMENT #6

(Male Therapist - Female Client)

Client But other than that I was just fine. But since I've been home, I get into real depressive and real moody moods to where I can, I can barely stand myself.

Counselor: Deleted

Client We came back Saturday And Sunday went up to the lake area.

Counselor: Deleted

Client And Sunday night we came back. But we lost our dog Sunday.

Counselor: Deleted

Client: We had a poodle...

Counselor: Deleted

Client: A little silver poodle...

Counselar: Deleted

Client: You know she was a pedigree...

Counselor. Deleted

Client: And we took her up the lake with us, And we took her across the lake in a boat with this other couple that we were with. And she treated water a little. So when it got really warm, she kinda sat in the water, she was shey. So we got in the house, set the blankets up and everything and my husband called her and she wouldn't go to him. Well, this made him mad, and she, I guess because everybody was watching and she wouldn't go to him. So he picked up the dog and he was going to throw her in the lake, see what he was going to do. And he went to throw her, and she fell, or she hit against a tree, and it frightened her so bad that she ran away, you know. Well, he went looking for her -- of course he felt very badly about it immediately. But what hurt me more than that was the fact that the children cried, and my children got very upset. Not that, not, I can't say that. They got very upset inside, if you know what I mean.

Counselor: Deleted

Client: They kept it within. And so Joe was gone for a real long time looking for her, and he said he saw her at one point, and I told him, I said she may have been hurt, and maybe she was scared, you know, to come back. And I felt like I was an eggs, I was walking an eggs with him because it upset him so easily. And when he gets upset he gets mad real easily. In other words, he'll bite off your head if you say something in the wrong way, you know. So I didn't want the kids to get upset and I didn't want to get upset, and of course all the while I was just churning inside you know. And uh, I, uh, oh about an hour later he said do you want to take a walk with me to go find her and I said yes. So we walked up together and I talked to him about it and he didn't say too much. He said, do you really want her? And I said well, I'm not that unhappy about losing her, I said that's not the idea. I said except for the children, you know, for the kids, I said because of the house. And I didn't want her to ruin my house, you know, in case she had an accident or something like this cause I'm really a fanatic about things like this. So, uh, we spent the whole day looking for her and we never did find her, so last night, and we left our name up there. So last night somebody called.

SEGMENT #7

(Male Therapist - Female Client)

Client: Friday and Saturday afternoons when that's all there is in a small town you get dressed and (inaudible) to Milwaukee.

Counselor: Deleted

Client: I mean that was...

Counselor: Deleted

Client: (Inaudible) go to a lot of different things that you wouldn't have, I mean...

Counselor: Deleted

Client: (Inaudible) that we didn't have, you know when we lived in a smaller town.

Counselor: Deleted

Client: After being brought up practically their whole life and went out there...

Counselor: Deleted

Client: You do, I mean, you do it automatically, if you don't, I mean you don't want to but, I mean, I just, sure there's a lot of things that, where you could, you could probably (Inaudible)- I lived there my whole life, I lived more or less even in the country, you know there was never anything like that to go to that you got used to...running around and doing things like that.

Counselor: Deleted

Client: Sure, some people think you're...that there is something mentally wrong with you when you are, that you're emotionally ill, that there's a cause when you don't go to some of these activities. I mean that they do have so long as he wasn't there to go I didn't feel as though, when he was working and driving day and night from coast to coast, that I should be running around either, I mean, and, and, going here and going there when that's all he was doing, was working all the time.

Counselor: Deleted

Client: Well he was then, I mean driving those trucks, you know I'd go with him even. And I know what it was, I mean, and those were just short trips here through the state, going along, you know going from coast to coast is not

Counselor: Deleted

Client: I mean it doesn't sound like it's a hard job to do, but it gets monotonous too.

Counselor: Deleted

Client: That's even worse than doing a hard day's work, I think -- a monotonous job.

Counselor: Deleted

Client: Mahmm.

Counselor Deleted

Client Yeah.

Counselor Deleted

Client Well, I think, well if you've lived for so many years like I did in Minatee Falls you knew everyone, you walked out on the street and you, you would always see someone, I mean you would hardly....

SEGMENT #8

(Male Therapist - Male Client)

Counselor. Deleted

Client: Yes, I think that enjoying people is probably one of the nicest things that, you know, you can have in this world

Counselor Deleted

Client: That's right. That's the thing with Dad; now he goes out, he'll barrel hell out of Mother, and Art and myself, then turn around and be just a prince with these other people...I don't know...I don't believe I've (Inaudible) with anything he hasn't done (Inaudible).

Counselor Deleted

Client I haven't with him and if I'm pushed to such a great extent that we, as I say, come to blows and I've thrown him down a couple of times (Inaudible). He takes everything deceut (Inaudible) and shovers it on other people that mean nothing to him. He is torn, is I suppose, maybe he is justified in his own mind in the fact that he can get certain things out of people. Maybe he's trying to sell cars, always trying to make a 5 or 10 on them. Art had told me last night some of the people who I thought were very much against me have been (Inaudible) that they themselves couldn't see why the hell the old man took such a (Inaudible). She got quite familiar with it. A girl that I went to school with who was a little bit behind me, a year behind me, and her husband, her husband is an alcoholic. They can't make up their mind whether he's an alcoholic or a mental problem. And Dr. Rob...or Dr. Keevie says he's not a true alcoholic, but Dr. Berg says he is and he shouldn't take a drink at all. .and he's been drinking and carrying on...as Art and Mary have been pretty close buddy-buddies, and Mary has told Art of these things and Carl, her husband, thought it was all right, and so did.

Counselor: Deleted

Client: Mary, Mary Anderson.

Counselor: Deleted

Client: Yes. And they've been talking together, see, and she said to Carl that she had quite a bit of respect for me, and so did Jack (Inaudible). Jack, I had never thought never cared much for me one way or another. Oh, we've been finding out quite a bit.

Counselor: Deleted

Client: And more than I've had for myself.

Counselor: Deleted

Client: No, I haven't.

SEGMENT #9

(Female Therapist - Male Client)

Counselor. Deleted

Client: And I, uh, I didn't want to own up to them and.....

Counselor: Deleted

Client: Of course now I see that, and I think he's been a lot happier too (Inaudible).

Counselor: Deleted

Client: Actually, I'm feeling positive about myself and..

Counselor: Deleted

Client: (Inaudible) and see myself that way actually.

Counselor: Deleted

Client: Well, that's just it. .that's why I have to..

Counselor: Deleted

Client: . think about what I actually want to do and.

Counselor: Deleted

Client. ...succeed at something.

Counselor: Deleted

Client . .but I can't actually live that way, I know that.

Counselor: Deleted

Client: It's been going on for too long and....

Counselor: Deleted

Client: Well, that's just it. And I feel that, I don't know, sometimes men do fail of course (Inaudible) and then they've probably failed in life.

Counselor: Deleted

Client: (Inaudible) somewhat better than all others.

Counselor: Deleted

Client: ...and I feel I don't want to be that way...

Counselor: Deleted

Client: ...cause it's something that you're actually responsible for is yourself

Counselor: Deleted

Client: Seems like you can always better your way

Counselor: Deleted

Client: And even if you possibly have to go to school or it requires some extra training, why I think it's worth the effort.

Counselor: Deleted

Client: And as one giving in.

Counselor: Deleted

Client: That's right, sort of pull up the old bootstraps and, uh...

Counselor: Deleted

Client: And I feel that in fact, that's the only thing that would make me feel right, I mean, is to have plenty of (Inaudible).

Counselor: Deleted

Client: And I feel that, I don't know, I can do it. The idea of going out and doing it.

Counselor: Deleted

Client: That's right. Well, that's just it. When I think back, I mean the wife and I, it seems there wasn't much to lose but then (Inaudible).

SEGMENT #10

(Male Therapist - Male Client)

Client: Well, I got a pretty good hunch that it's making [redacted] I haven't thought much of it too much though.

Counselor: Deleted

Client: I've been looking for letters from home for just to even hear from them, you know. But I haven't been getting them for quite a while, but I don't know if that's it, but I think that's it

Counselor. Deleted

Client: Well, it would help out anyway.

Counselor: Deleted

Client: I say it to other people, but I don't say it like that to myself.

Counselor. Deleted

Client: Yeah, I've got feelings. But most of the time I won't let them off

Counselor: Deleted

Client: I guess one reason I try to hide them is seeing that I'm small like this I've got to try to be a tough guy or something. That's the way I think I....

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## BIOGRAPHICAL SKETCH

Roy Calvin Mercer, Jr was born on August 18, 1934 in Wyandotte, Michigan, the son of Roy Calvin Mercer, Sr and Ruth Eymen Mercer. He was graduated from Howe Military School in Indiana in June 1952. He attended Purdue University and Oberlin College during which time he also attended a summer session at Harvard University. He was graduated from Oberlin College in June, 1956, and was awarded a Bachelor of Arts degree with a major in philosophy.

Following his graduation from college, Mr. Mercer entered the University of Michigan Law School and, simultaneously, became active in family corporate businesses. He ended his law studies in 1957 in order to devote full-time to business activities. During this time he also served in the United States Air Force Reserve.

In September 1959, Mr Mercer entered the Episcopal Theological Seminary in Virginia. He completed his theological studies in June 1962 receiving a Bachelor of Divinity Degree. He was ordained a Deacon in the Episcopal Church in June 1962 and was ordained a priest in December 1962.

From June 1962 through October 1964 Mr. Mercer was Associate Rector of Christ Episcopal Church, Lima, Ohio. In November 1964 he became Episcopal Chaplain to the J Hillis Miller Health Center, Gainesville, Florida and Associate Chaplain at the Episcopal Chapel of the Incarnation at the University of Florida.

Mr Mercer resigned his clerical duties in August 1968 to begin graduate study in counseling at the University of Florida. He received a Master of Education degree from the Counselor Education Department at the University of Florida in 1971. He continued his doctoral studies in that department.

From 1968 till [illegible] Mercer was employed as a counselor and educational programmer in the University of Florida Residence Halls. From 1970 till 1973, he was a graduate assistant in the Counselor Education Department and served as Assistant Director of the 11th Annual Personality Theory and Counseling Practice Conference and as Director of the 12th and 13th Annual Personality Theory and Counseling Practice Conferences.

Mr. Mercer completed his doctoral internship in June 1973 as a staff member of the Ocean Service Associate Program at Santa Fe Community College where he has since been employed as an instructor, trainer, and counselor.

He was elected to Kappa Delta Pi, Phi Kappa Phi, and Phi Delta Kappa honorary societies. He is a member of the American Personnel and Guidance Association, the Association for Counselor Education and Supervision, the Florida Personnel and Guidance Association, and the Florida Association for Counselor Education and Supervision.

Mr. Mercer married the former Phyllis Lee Kaiser in June 1958. They have two sons, Roy William, born in September 1961, and Jeffrey Carl, born in April 1968.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

David Lane

David Lane, Chairman
Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Joseph P. Wittmer

Joseph P. Wittmer
Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Vernon Van de Riet

Vernon D. van de Riet
Associate Professor of Clinical Psychology and Psychology

This dissertation was submitted to the Dean of the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

March 1975

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